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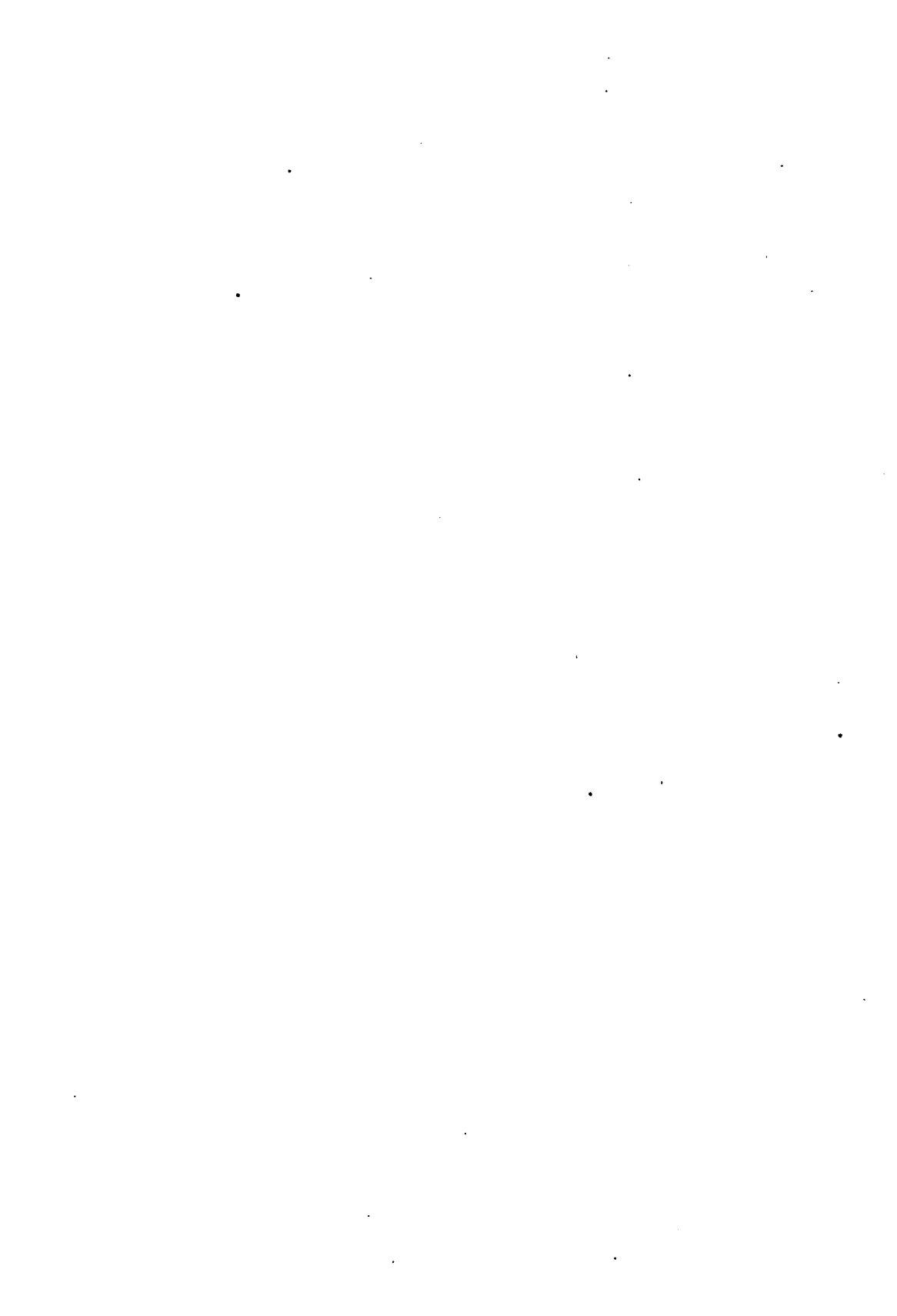
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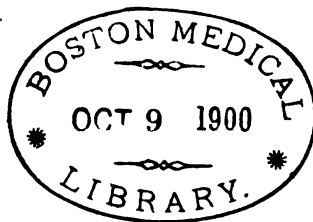
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Original Articles.

THE TONSILLAR RING.*

BY DERRICK T. VAIL, M.D.,
 CINCINNATI.

The tonsillar ring, so called by noted foreign specialists, consists of at least seven distinct masses of lymphoid tissue arranged in an annular manner in the oro- and naso-pharynx. The upper part of the ring lies in the naso-pharynx, and comprises a central large mass called "Luschka's tonsil," the "pharyngeal tonsil," or "adenoid vegetations." On each side of this mass is a smaller lymphatic gland overlying and in close proximity to the Eustachian tube orifice. This has been called the "tubal tonsil." The lower part of the tonsillar ring lies in the fauces, and comprises the "faucial tonsils," located between the pillars of the fauces, one on either side, and the "lingual tonsils," lying on the root of the tongue in front of the epiglottis.

Nor does the list mentioned complete the string of tonsils found in the body. One noted authority speaks also of the "nasal tonsil," the "palatine tonsils," the "laryngeal tonsils," the "discrete pharyngeal tonsils," the "stomach tonsils," the "duodenal tonsil," the "tonsils of the small intestines," the "vermiform appendix," the "colonic tonsils," and last, but not least, the "rectal tonsil."

The mucous membrane lining the naso-pharynx is covered with columnar ciliated epithelium, that of the oro-pharynx is squamous, and where diseased lymphatic masses exist we find

the same kind of epithelium as their location would call for.

The naso- and oro-pharynx contain under normal conditions, especially in the young, many lymphoid glands. It seems natural to the proper growth and development of the body that they exist, for speaking collectively and broadly, they seem to undergo atrophy and resorption, at or soon after, the age of maturity.

Lennox Browne, in the fifth edition of his admirable work on the nose and throat (p. 199), says, when speaking of the faucial tonsils: "It seems probable that the lymphoid masses are engaged in the formation of leucocytes which escape through the surface epithelium of the tonsil, in the buccal cavity, where they exercise their activity in the destruction of micro-organisms and other deleterious substances." This may be true, but it appears to my mind in better concord with sound physiological teaching that the destruction of micro-organisms and deleterious substances goes on, not on the surface of the tonsil, but in its substance; that the myriad of tiny orifices between the stratified epithelial cells and the natural sulci and crypts that exist invite the entrance of germs and germ products, and that normally they are digested by the lymphocytes in the substance of the gland, rendered innocuous and carried off by the lymphatics. This would make them rather seem as tiny sponges, ever ready to suck in and destroy such agents.

The physiological presence of normal tonsil tissue in children, in whom they are invariably conspicuous, seems to argue that they are in some manner identified with bodily growth, and since in the growing child there is rapid cellular destruction and reconstruction going on constantly, there is need for

* Read before the Academy of Medicine of Cincinnati, November 13, 1899.

these lymphatic glands to act as receiving stations for metabolism *débris*, and it would seem that these way-stations should necessarily be larger, more elaborate and fuller of lymphatics than in adults, where the lymphatic current is at a low ebb.

In studying the histological structures of the various members of the tonsillar ring, we are struck with their

members of this constellation of tonsils is nearly, if not quite, identical.

To study and learn the diseases which affect the tonsillar ring is to study bacteriology, for almost all germs, pathogenic and non-pathogenic, have been found in this sometimes "pernicious ring." The Klebs-Löffler bacillus, the staphylococcus and streptococcus, the pneumococcus, the tubercle bacillus, the



FIG. 1.—Vertical section showing the right half of the tonsillar ring. "T" points to the Eustachian tube orifice with overhanging "tubal tonsil." In front of the tube is shown a posterior hypertrophy; behind and above the tube adenoid vegetations; under the soft palate the faucial tonsil, and on the root of the tongue in front of the epiglottis the *tongue tonsil*.

marked similitude. They are all members of the lymphatic family, presenting, however, slight surface differences; for instance, the pharyngeal tonsil is covered with ciliated epithelium, has sulci, not crypts, and no mucous glands. The faucial tonsils are covered with stratified epithelium, have numerous crypts and an occasional mucous gland; while the lingual tonsil is composed of discrete lymph nodules, in the centre of each of which dips a good-sized crypt, and in the fundus of each crypt there usually empties a mucous gland. The differences above cited are surface differences; the pulp substance of all

bacillus typhosus and many others have been found to exist in the faucial tonsil at the same time. Indeed, it is an astonishing fact that all these germs and many others are found in what appears to be the normal throat. By pressing against an enlarged faucial tonsil with a cotton-tipped probe, I have often squeezed what I call "tonsil milk" out of the crypts. This foul tonsil product is doubtless laden with septic germs and spores ready to take on activity and flourish in some form of tonsillitis the moment the individual resistance and physiological tone is brought below the standard of health,

The keystone of the tonsillar arch is the tonsil of Luschka, or pharyngeal tonsil. It does not hang from the dome of the pharynx, as is erroneously believed by many, but exists on the posterior wall just behind and a little above the soft palate. A pocket or pouch usually exists in its substance a little below its middle, and extends upward behind the adenoid mass, some-

blocked up with a mushy growth of soft adenoid tissue, aptly named "adenoid vegetations" by Meyers, of Copenhagen.

All children have pharyngeal tonsils, but not all have adenoid vegetations. The one is physiological, the other pathological.

The lymph tissue comprising the normal pharyngeal or third tonsil gradu-



FIG. 2.—Transverse section showing adenoid vegetations *in situ*. (After Lennox Browne.) Deep sulci exist, but no follicles. The bursa is shown near the lower edge of the central mass.

times to the distance of 15 m.m. It is lined with the same kind of epithelium as covers the naso-pharynx, and is, as a noted authority says, "No doubt a vestige of the communication which exists during fetal life between the pharynx and the hypophysis cerebri." It is called the *pharyngeal bursa*. It is sometimes the seat of interesting pathological conditions.

Almost invariably, when we find the pharyngeal tonsil greatly enlarged, there exist similar overgrowths in the contiguous lymphoid glands, which are very abundant in the vault of the pharynx, so that in certain cases we may observe the naso-pharynx literally

ally absorbs and disappears at, or soon after, the age of puberty. But where the tonsil in question becomes the seat of chronic inflammations it undergoes pathological enlargement and does not disappear at maturity, but may, in fact, continue in old age. Solis-Cohen and others have noticed adenoids in the aged — individuals who have reached the ripe old age of seventy. It is therefore wrong to say that adenoid vegetations disappear spontaneously and should be left alone.

A child suffering from adenoids is, to my mind, in a more or less critical condition, for, aside from the permanent danger to the hearing which

may result, there is the graver risk to its life from croup, bronchitis, pneumonia, or diphtheria; for it is taught and generally believed that such children are much more prone to contract such diseases than those in whom no adenoids exist. Moreover, such diseases are generally most severe in children having adenoids.

It is manifest that the general practitioner having little patients suffering from recurrent attacks of catarrhal diseases affecting the air-passages should call the parents' attention to the fact that adenoids, in all probability, is the direct cause.

It is not the purpose of this paper to enter into a full discussion of the symptoms and treatment of diseases affecting the tonsillar ring, but I cannot refrain from recalling to your mind the stamp which adenoid vegetations impresses on the physiognomy. The listless expression of the child's face, the hanging under jaw, the drooping eyelids, the mental hebetude, the defective hearing, the noisy breathing, the voice devoid of nasal resonance, and the cough, are so familiar to us all that we may watch children at work or at play in any of our public schools, and diagnose adenoids at a glance. On the other hand, it is sometimes surprising what masses of adenoids exist when the only symptom present may be slight recurrent attacks of earache or night cough.

The poorly-clad and badly-fed children of the poor do not seem to suffer from adenoids more than the over-clad and over-fed children of well-to-do parents, living in houses that are summer within while winter rages without.

Perhaps the most distressing effect of adenoids is their remote effect on the hearing. I refer to the immense number of adults suffering from chronic deafness and discharge, who owe their condition to adenoids in childhood. *The adenoids may disappear, but the results do not.*

It should be borne in mind that a newly-born child may have adenoids—possibly indicating inherited syphilis or tuberculosis. Those who remove ade-

noids are familiar with the varieties. They are usually soft and exuberant, which implies a superabundance of glandular elements, but occasionally are tough, hard and old, due to interstitial fibrous growth.

Little is said in the books about the tubal tonsils (see Fig. 1, "T"), but nearly all recent works mention their existence. They closely resemble the other tonsils in structure, but are the smallest in the tonsillar ring. They lie close to the orifice of the Eustachian tube, and play a prominent part in the production of the ear-symptoms. They probably only exist where the adenoid vegetations are very exuberant, in which case they are overshadowed in significance. A wideawake operator will, however, be on the lookout for them when removing pharyngeal vegetations.

The faucial tonsils are the largest of the group, and their appearance and diseased conditions are so familiar to all that I shall pass them by with the observation that we note three general varieties of enlargement—the soft, the hard and the mixed. In the soft variety the lymph-glandular structure predominates, and the overgrowth is like a true hypertrophy; in the hard variety the connective tissue elements predominate, and the overgrowth is that of a hyperplasia; while in the mixed variety, or lobulated, both hard and soft growth exist in the same tonsil at the same time.

All are familiar with the unpleasant symptoms of enlarged and diseased tonsils, and, broadly speaking, to remove the symptoms you must remove the tonsils. There are, however, varieties of tonsillar disease in which an operation is out of the question. One, and perhaps the commonest, is the so-called "caseous tonsillitis." This variety is most common among adults who have suffered from repeated attacks of tonsillitis since childhood. The crypts are, some of them, enlarged and deepened, and contain tiny cheesy balls. Behind the anterior pillar of the fauces and in the triangular space above the tonsil there often exists a huge pocket full of these globular masses of decayed inflammatory products. What is left

of the tonsil is usually in a state of chronic inflammation, and, in addition, the anterior pillars are much thickened and inflamed. The symptoms are very distressing, and the odor of these cheesy formations is intensely foul. The books teach that we may destroy the walls of these pockets by using the galvano-cautery. I have tried it repeatedly, and have found, in the first place,

lar lymphoid masses. The entire lower half of the tonsillar ring can sometimes be made out by direct inspection (see Fig. 3), especially when the base of the tongue is well pressed downwards and forwards by a narrow tongue depressor that curves sharply at its distal end.

Macroscopically the tongue tonsils appear to be made up of a number of huge follicles closely packed together.



FIG. 3.—Showing lower half of the "tonsillar ring." The upper parts of the tongue tonsils are seen peeping over the depressed tongue, and the tongue and faucial tonsils seem to be directly connected by masses of lymph-glandular bodies. The posterior wall of the pharynx shows a number of "discrete pharyngeal tonsils."

astonishing reaction, amounting to prostration; and in the second place, disappointment in effecting a cure. I now use nitrate of silver fused on a silver probe, and believe I get better results with much less reaction.

The tongue tonsils complete the tonsillar ring below. They are two in number, one on either side of the median line, springing from the muscular substance at the base of the tongue and lying just in front of the epiglottis.

We often notice a middle lobe connecting the two side masses, and the lingual tonsils are often directly connected with the faucial tonsils by simi-

Each follicular body seems complete in itself, and has its central crypt. Microscopically, the structure is strikingly similar to the other members of the tonsillar ring.

Perhaps the most striking peculiarity of the lingual tonsil is the fact that its hypertrophy is most frequently found in adults. It is commonest in individuals past the age of thirty, although it is very often noticed at the age of puberty, where it frequently causes a brassy or husky, barking cough. Another peculiarity which I have observed is that it is often considerably enlarged where little or no enlarge-

ment of the faucial and pharyngeal tonsils exists. Sometimes the lingual tonsil-hypertrophy is one-sided. I am treating such a case at present.

The base of the tongue is best examined by use of the ordinary laryngoscopic mirror, and enlargement or disease at this locality is usually easily detected.

Oftentimes we note varicose veins associated with enlargements of the lingual tonsil. This is the so-called "lingual varix," or, as Lennox Browne

3. The barking cough at puberty—"grave-yard cough."

4. Constant desire to clear the voice by hemming and hawking, with nothing raised.

5. Relief of symptoms during meal time.

6. Spasmodic asthma.

7. Globus hystericus.

8. Patient fears there is a cancer or consumption of the throat.

9. Vague distress in the throat that the patient cannot locate or describe.

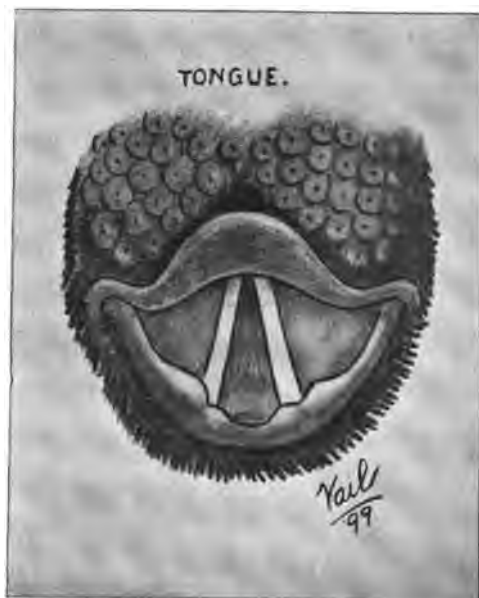


FIG. 4.—Larynx and tongue tonsils as seen with large laryngoscopic mirror.

graphically puts it, "lingual hemorrhoids." Browne furthermore points to the fact that the same causes which lead to rectal hemorrhoids are often the very ones which produce lingual varix.

In the narrow time limitations of a single paper I can only summarize the symptoms of enlarged lingual tonsils. They are principally:

1. Sensation of a lump in the throat, which the patient is constantly endeavoring to swallow, but which seems to lie just outside of the reach of the muscles of deglutition.

2. Early voice fag noticed in public voice users.

10. Blood-stained sputum (varix).

Of course, all these symptoms never occur in a given case. Usually only a single one predominates. It is astonishing what a large percentage of throat cases that come under notice of the specialist have enlarged tongue tonsils or lingual varix. Indeed, varix at the root of the tongue is so common that it scarcely engages the specialist's attention. In closing I wish to say that the lingual tonsil is subject to about the same diseases as the faucial.

In one case I saw, that of a lady past the age of forty-five, the epiglottis was imbedded in the tonsillar growth even

when the tongue was dragged forward in making the examination; in fact, the mass overhung the crest of the epiglottis. The patient suffered from nightly attacks of asthma for twenty-one years. I removed the growth four months ago by means of Myles' tonsillotome. It is too soon to claim a cure, but she reports that she has not had a single attack of asthma since the operation was performed.

I have operated on a number of others who suffered not from asthma, but from voice fag, hemming, a sense of choking, or feeling as if a foreign body was lodged in the throat. In each case the operation was easily performed, the complications none, and the results invariably satisfactory.

No. 22 W. Seventh Street.

[For discussion see p. 9.]

Tuberculosis in England.

The high position accorded to England in a matter of a low death-rate from tuberculosis at the late congress in Berlin will evidently be maintained. As compared with the continental countries, there is a much lower average of inmates per house in England, and this is evidently the cause of the lower death-rate. The London county council at its last meeting decided to devote \$3,500,000 to the construction of sanitary tenements and the rebuilding of model homes for the working classes. This is only one of a number of great amounts which have been spent for the same purpose in the past ten years. One of the East-end boroughs has already spent \$1,500,000 in the erection of sanitary cottages—*Western Med. Review*.

SCHLATTER's famous case of extirpation of the stomach for cancer has at last reached a fatal issue. The patient left the hospital and lived for over a year after the operation. She died from a recurrence of the cancer. That a woman of this age should live and maintain her nutrition after the removal of the stomach is remarkable. She was over sixty-five years of age.—*Western Med. Review*.

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of November 18, 1899.

THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

Multiple Fibroid of the Uterus.

DR. GILES S. MITCHELL: I have here a multiple fibroid tumor with the uterus and ovaries, weighing eighteen pounds, which was removed by me at St. Mary's Hospital last Saturday morning. The patient, Miss M., was referred to me by Dr. DeCoursey two weeks ago. I was assisted in the operation by Dr. Wenning. Her first menstruation appeared at the age of thirteen, and has always been regular and normal in type up to the time of operation. Six years ago she noticed an abdominal enlargement, which gave her some annoyance, but there was no pain connected with it. She consulted a physician, who made a diagnosis of fibroid tumor and advised an operation. During the last year the tumor has grown very rapidly, interfering with her locomotion and occupation. It was for the pressure-symptoms and discomfort that she sought relief. There were no vesical symptoms such as are usually present in cases of this kind, especially where the tumor is as large as this one. The patient is thirty-eight years of age and unmarried. The operation in this case was not nearly so difficult as was the one for the removal of the tumor which I exhibited here last Monday. This patient lost very little blood, and reacted very nicely from the operation. Her temperature since the operation at no time has been above 100.4°; this evening it was 100°, with a pulse of 88. She has been catheterized but once; since then she has passed without difficulty her urine, which has been normal in quantity. From the appearance of the tumor you can readily appreciate that a lengthy incision was required to remove it. I expect this patient will make a good recovery. The abdominal

wound was closed by three tiers of sutures.

In reference to the patient from whom I removed the tumor which I presented last Monday, I am glad to say that she is doing nicely. Her temperature is now about 99.6°, and her pulse 78. She has been able to take nourishment, and her bowels move every day. She secretes from thirty-five to forty ounces of urine in the twenty-four hours, and voids it without difficulty.

Miss M. left the hospital cured December 17, 1899. Her recovery was rapid and uninterrupted.

Fibro-Cystic Tumor of the Uterus.

DR. A. W. JOHNSTONE: I have another specimen with me to-night similar to the one which I showed to the Academy some three or four years ago. It is a beautiful specimen, in that it illustrates perfectly what a fibro-cystic tumor of the uterus comes from. This was removed this morning, and is one out of five or six cases that I have seen during my life. This is the front of the uterus, as you see it here, and this the cavity. The tumor had grown away back and above, also on the side of the uterus, so that it is thoroughly incorporated into it. This projects here like a polypus would do, and here is the surface of the tumor. This woman is forty-three years of age, and has had this tumor for about three years. This kind of tumor may be operated upon as late as fifty or sixty years of age, but nothing will stop the growth of it but a thorough extirpation of the whole tumor. She is now making about three-fourths of an ounce of urine, and her pulse just before I left her this evening was 92.

Specimen of Ruptured Intestine.

DR. JOS. RANSOHOFF: I beg to present a specimen of ruptured intestine which I obtained about a week ago from a man who stopped a runaway team and was dragged two or three hundred feet. He was brought into the hospital an hour or two afterward. He vomited once or twice, but his general condition was good, and there was no indication whatever of any injury to

the abdomen. Late in the afternoon he began to complain of some pain in his abdomen, and at that time the interne thought he detected some rigidity of the abdominal wall. During the first twelve hours after his injury he had two spontaneous evacuations from the bowels—a point important to note. I saw this man twenty-four hours or less after the injury, and a most careful scrutiny failed to reveal the slightest indication of any injury having been done to the integument or to the abdominal wall. There was, however, tenderness of the abdominal wall, and such rigidity as I have rarely seen. There was no distension present, and the patient did not complain of abdominal pain. His pulse-rate increased rapidly, until at the time of the operation it was 130, and he was in very bad condition. I made a laparotomy and found a condition which is wholly inexplicable to me. When this man's abdomen was opened we found one complete transverse cut of the intestine and two portions separated for about the distance of six inches, with a corresponding tear in the mesentery of about two and a half inches. In addition to this injury, this man had a most remarkable transverse cut of the intestine, extending half-way across the gut. It is needless to say that this man's abdomen was pretty well filled with fecal matter mixed with blood. The patient only survived the operation five or six hours, he never having fully regained consciousness. The dynamics of this condition are wholly inexplicable to me. I can understand that a man without any visible injury to the abdominal wall should have a rupture of the intestine, but why he should have sustained such an injury as I mentioned first and then two inches below this cut find another cut almost completely across the intestine, surpasses my comprehension.

So far as the clinical features of the case are concerned, it is to be regretted that they were not more pronounced. Until about twelve hours had elapsed from the time the man was injured there was no evidence whatever that the abdominal viscera were injured. He vomited twice, but that we know

is not an uncommon thing in cases of accident. The fact that he had two spontaneous movements of the bowels in such a condition as they were is in contradiction to all that has been established in regard to peristalsis of the bowels. When the intestines are cut, or rupture takes place, the peristaltic wave is pretty thoroughly interrupted. We also know that intestinal obstruction also puts a stop to peristalsis. Here we have tears of the intestine, one nearly through the bowel and another into the mesentery, and yet the man had two bowel movements notwithstanding. You will see from the specimen that there is an inversion of the mucosa, as is common in these cases.

DR. DERRICK T. VAIL read a paper (see p. 1) entitled

The Tonsillar Ring.

DISCUSSION.

DR. MARK A. BROWN: I have very little to add to the remarks of Dr. Vail, except to say a few words from a microscopical point of view. As Dr. Vail has said, the specimens were taken from his own practice and submitted to me. They passed through the ordinary hardening and staining method. The hematoxylin stain has taken very well, but the eosin is rather faint, owing to the small amount of connective tissue present. Dr. Vail has been very fortunate in one of his cases of lingual tonsil in getting it early, and in that way showing how closely the lymphoid tissues of the throat are related to each other. In another of his lingual tonsils, which he probably took from a person later in life, the change is very markedly different from that taken from a person early in life. The changes, as Dr. Vail has stated, are altogether on the surface. In the throat tonsil the epithelial lining is usually of the columnar ciliated variety. In the other specimen of the ordinary pharyngeal tonsil and the tongue tonsil the epithelium is squamous. Very few glands are present in these tonsils, and are, for the most part, mucous glands. In the adenoids the mucous glands are very few in number, and I might say are almost wanting, but their lobulated

appearance makes it appear as though there were glandular elements present, whereas, as a matter of fact, it is a mere dipping in of the sulci.

DR. J. A. THOMPSON: The subject introduced by the essayist to-night is so broad and comprehensive that it is difficult to talk on it without apparently wandering through a somewhat disconnected speech.

The anatomy and the operative treatment of the tonsillar ring have been thoroughly considered. The most important part of the subject, to me, has not been touched—that is, the great liability to infection through diseased tonsils. In reviewing this subject a number of years ago for an article I wrote on the tonsil as a site of infection, I was surprised at the number and importance of the diseases that had their origin in this structure.

Acute follicular tonsillitis is one of the most frequent of infective diseases. While it is self-limited, running its course in from four to seven days, there are few of the milder diseases that cause a patient more suffering and leave them more anemic and weak after the active symptoms have subsided. The recurrence of these attacks usually means that we have a chronic inflammation in the crypts of the tonsils, with occasional recurrences of the acute inflammation. I have been surprised at the virulence of the infective matter in tonsils that were apparently not inflamed. In one case, when I split open two or three of the little pockets in the tonsil to destroy the focus of suppuration, the little wounds became infected and the patient had a temperature of 104° for several days after this trivial operation.

Quinsy or peritonsillar abscess is another of the frequent and severe infections that has its origin in a chronically diseased tonsil. We are all familiar with the suffering and the prostration that accompanies a well-developed peritonsillar abscess.

The scourge of childhood, diphtheria, begins in two-thirds of all cases on the faucial tonsil. The conditions here are peculiarly favorable for the growth of the Loeffler-Klebs bacillus. It finds in

the pockets of the tonsil the right temperature for its development, food in abundance, rest, and an abundance of air. So favorable are the conditions here for the development of the infective germs that the tonsil has been called by a German pathologist a physiological wound. We know from the researches of bacteriologists that the bacillus of diphtheria can exist in the mouth, in the pharynx, or in the nose of individuals, when the mucous membranes are healthy, without producing any symptoms. Where the same germs invade a tonsil that is chronically inflamed they grow and develop, and we have all the symptoms of this dread disorder. The presence of these diseased lymphatic masses increases always the danger of an attack of diphtheria. I have never seen in my own practice a case of diphtheria, where the child had adenoids, recover.

While not generally accepted by the profession, it is probably true that scarlatina has in a diseased tonsil its site of infection. We all know that we have cases of scarlatina without any eruption. We never have scarlatina without a sore throat, except in the so-called surgical cases, where the infection is from a wound. There has been recently reported in the *Laryngoscope* an epidemic of infectious sore throat where, after many cases had occurred, the real nature of the infection was shown by some of the later ones developing the eruption of scarlatina.

I have seen, in my practice while I was doing family business, a case that was distinctly scarlatina, run with a temperature of 104° in the evenings for a week without any eruption. The tonsils, though, were very severely inflamed. The diagnosis in this case was made certain from the fact that a younger brother of the patient had a typical scarlatina eruption at the same time. The throat case was followed by albuminuria three weeks after apparent convalescence.

The relationship of follicular tonsillitis and rheumatism has been dwelt upon by many writers: Because an attack of articular rheumatism followed a follicular tonsillitis the diseases were

supposed to be of the same nature. From this theory has come the use of the salicylates in follicular tonsillitis. The fact that the cases got well with this treatment in a week has been taken to prove the correctness of the theory. The disease is self-limited, and will get well ordinarily in a week without any treatment. This does not mean that cases should not be treated, because we can modify the course of the disorder very materially by treatment. But it does show that the salicylates have little influence over the course of the disease.

Some years ago Dr. H. L. Wagner, of San Francisco, aspirated the joints of his patients, who had articular rheumatism following tonsillitis, with a hypodermic syringe. He found in the urine and the fluid removed by aspiration the same germs that he had previously demonstrated in the tonsil during the course of the tonsillitis. This observation, which has since been confirmed by others, proves that the so-called rheumatism which follows follicular tonsillitis is an infection from the diseased tonsil.

In the London *Lancet* for October 27, 1894, Dr. Sims Woodhead, the well-known pathologist, details the result of twenty years' observation on the point of infection in tuberculosis. He states as the result of his years of pathological and experimental research that one-third of all cases of tuberculosis are infected through the tonsillar ring, and the remaining two-thirds through the lymphatics of the intestine. He also says that he has never seen the lungs involved until the lymphatic glands at their root were first infected. The objection has been made to this teaching of Woodhead that we rarely see advanced tubercular disease in the tonsil. The objection is a fallacious one, and does not in any way render improbable the accuracy of Woodhead's teaching. We all know that early tubercular lesions in a former healthy subject may recover. At the same time extension may be taking place through the lymphatic glands until those organs of least resistance of all structures in the body, the lungs, are invaded by the germs of

tuberculosis. So in cases where the tonsil is first infected, and then the cervical lymphatics, it would be expected that the tonsil would build a fibroid ring around the infected area, and that further infiltration and ulceration would not occur. At the same time the germs of tuberculosis would be carried through the cervical glands until the lungs were finally invaded. The so-called pretubercular stage of consumption, then, is the period when the infection is confined to the lymphatic glands and other tissues have not yet been invaded.

Since studying carefully Woodhead's article I have been able in at least one case to diagnose tuberculosis in the lymphatic stage and to have the diagnosis later confirmed by the appearance of a tubercular area in the lungs. The indications for operative treatment of hypertrophies in the tonsillar ring are well understood. The operations are attended by but slight risk. In something over four hundred tonsillotomies I have had but few patients severely sick, and have had no fatalities. In more than two hundred removals of adenoids, in only a few cases have the patients been sick enough to cause more than a few hours' anxiety. Considering the liability of patients with adenoids or hypertrophied tonsils to infection, I consider their removal much less dangerous to the life of the patient than leaving them to become the site for future infections.

DR. S. P. KRAMER: It has always appeared to me in considering this question of the tonsils that the conclusions drawn from certain well-known anatomical facts have been wrong. There can be no doubt that infection does occur in these lymphoid structures, and that micro-organisms are found there, and it is natural that they should be there. Everyone of us breathes in infection, and it is arrested somewhere if he has any protective influence at all, so that these lymphoid structures are our protectors in the throat, and if they become diseased or enlarged we have no right to regard them as the source of infection. We

must simply regard them as that part which was first attacked, and the disease manifested itself there because the resistance at this point is at the minimum. This coincides with the experience most of us have had with follicular tonsillitis. Six or seven years ago we used to paint the throats of babies with follicular tonsillitis while they howled away, but in the last two or three years we give them cathartics with salol, etc., and the child gets well without painting the throat. The lymphoid enlargement is probably much more a manifestation of diminished resistance resulting from a debilitated or anemic condition than a local disease. Of course, this does not mean that we are not to remove the tonsils where the occasion demands it, but it does appear to me to argue against the wholesale removal of these enlarged glands under the idea that they are the source of infection.

DR. J. W. MURPHY: I wish to thank Dr. Vail for the very excellent paper to which we have listened this evening. The question as to what the function is which the tonsils play in the physical economy is one which has been investigated a great deal, but I have not as yet seen or heard any theory advanced which has been satisfactory to me. The doctor stated that they are a lymphoid tissue from which leucocytes are thrown out which act as destroyers to micro-organisms or the deleterious substances which we inhale from the air. If this be true, how do you explain the almost entire absence of such symptoms as would be produced by such micro-organisms and deleterious substances after the removal of these glands, and how do you explain the absence of the conditions after the glands have atrophied as they do in adult life? That has always been a question which I have been unable to decide in my own mind, as we are frequently asked the questions, "What harm do they do?" or "What good do they do?" I cannot, as yet, see why they are there at all. We know that their removal is not fraught with any evil, but yet I believe that unless they are a source of irritation or annoyance

to the patient it is better to let them alone. My theory is that when the diseased conditions of the tissues of this tonsillar ring produce no disturbance to the patient it is better to let them alone, no matter how large they may be. When the condition of atrophy (which we frequently meet in adult life, after their function, whatever it is, is abolished) comes on we often find in examining a patient's throat that while the tonsil has disappeared the patient complains of pain and irritation at the site of the tonsils. In such conditions we will find that the crypts or lacunæ of the organs have not disappeared, and these are the source of irritation. In these cases, even where the tonsil is small, I have seen very good results follow the removal of such of the tonsil as could be drawn into the tonsillotome. This procedure will open up the crypts so that they will heal from the bottom. I have used the galvano-cautery for such cases, but the inflammatory reaction set up is so severe that I have ceased to use it. I have had very good results from nitrate of silver in these cases. I cannot agree with Burnett, I believe it is, who in one of his works opposes the removal of the tonsils, and says that the largest tonsils he has ever seen have been the successors of those which have been removed. That has not been my experience. I have never seen a tonsil reproduced after a thorough removal.

DR. J. G. HYNDMAN: I was very much gratified to hear Dr. Vail lay stress upon the fact that adenoid growths do frequently remain after puberty. We are told by three-fourths of the writers on the subject that this adenoid tissue, as well as the faucial tonsil, disappear at puberty. My own experience has, of course, been limited, but yet I can recall four at the present time in persons from twenty-five to thirty years of age in whom the adenoid growths were marked, and were probably remnants from early life. In those cases my attention was attracted to the adenoid growths through the affection of the ear rather than the other symptoms which are present so frequently in early child life. In two of these cases to which I have referred

the patients were decidedly tuberculous. One of them has died since of pulmonary tuberculosis, and the operations I performed were not followed by any more marked reaction in the general symptoms than occurs from the operation on children.

I am sorry to have to agree with my friend on the right that in very many of these cases where we operate in childhood we do not have any prompt improvement in the appearance of the patient. The child continues its stupid, vacant expression for months or years afterwards; in other words, it has simply contracted the habit of mouth-breathing, and it is impossible at once to break it. However, there is no reason why they should not be removed, and thus get rid of the dangers they threaten to the hearing, and give the child a chance to be trained in the proper method of breathing.

DR. M. L. HEIDINGSFELD: I rise to take exception to the statement that the thymus gland is rarely, if ever, involved in a pathological process. It is a well-known fact that the gland is considerably enlarged in the new-born in nearly all cases of hereditary syphilis, and is as constant a feature in this class of cases as the osteoperichondritis, splenitis, hepatitis, pneumonitis, and similar train of symptoms that complicate this disease. Abscess of this gland, as the result of hereditary syphilis, is not of infrequent occurrence, as first pointed out by DuBois, and some investigators go so far as to state that abscess of this gland, without another symptom, even with negative family history, is pathognomonic of hereditary syphilis.

DR. W. E. KIELY: It seems to me that if the tonsil was an absorbent organ we would find evidence of the things which it has absorbed in the blood. For instance, in a case of diphtheria, we never find the Klebs-Löffler bacillus in the blood. For this reason it seems to me that the absorbent power of the tonsil does not amount to much.

I think that Dr. Thompson is correct in stating that where you have enlarged tonsils, from whatever cause it may be due, you have what has been described

as a postnasal catarrh, and if to this condition you have engrafted a diphtheritic process it assumes the most severe type, and is almost invariably fatal. What part the tonsils play in the economy I do not know, but I should think that there would be a good chance for absorption, but of this we have no evidence.

DR. JAS. W. ROWE: In connection with the question raised in reference to the origin of this lymphoid tissue at the back of the tongue, it occurs to me that while the mouth is formed from the indipping of the external surface, it is only the lining or epithelium that is of ectoblastic origin, and the deeper portions are of mesoblastic origin. As lymphoid tissue is derived from the mesoblast in other regions, there is no particular reason why it should not be here.

DR. VAIL: I wish to thank the members of the Academy who have participated in the discussion to-night. It seems to me that each one has had his answer, and there is nothing left for me to say except to add one word in reference to the impression that has gotten abroad that the removal of adenoid growths has not been followed by the good results which we have a right to expect. The point has been raised that these children continue to breathe through their mouths, and that they have a stupid expression for some time after the operation. No one can gainsay these facts, but we should not belittle the good results that do follow the removal of these growths, nor should we in every case expect immediate results. It has been conclusively proven that where the air-passages are blocked up in the manner referred to the nasal respiration is impeded, the arch of the palate is narrowed, the *alæ nasi* pinched, and the whole physiognomy disfigured. You should not expect these nutritional and developmental effects of adenoids to disappear immediately. It will take months, even years, to accomplish this benefit. After the removal of the adenoids children generally immediately sleep better, breathe through their noses better, and cough less—in a word, show marked

improvement at once; but as to the dropping of the jaw, the narrowing of the face, and the listless expression, we should not expect a cure until months or years have elapsed.

Again I wish to thank the members of the Academy for their kind participation in the discussion of the subject this evening.

THE NEW SUBSTITUTE FOR SODIUM SALICYLATE.—Dr. F. C. Floeckinger (*Medical News*, November 16, 1899) calls attention to a new combination of salicylic acid which has been introduced under the name of Aspirin, and which he considers a most valuable substitute for salicylate of sodium, for the following reasons: (1) Its agreeable taste; (2) its freedom from irritating effects upon the stomach; (3) the absence of tinnitus aurium after the administration of physiologic doses; (4) the absence of cardiac depression; (5) the fact that it does not impair the appetite even during prolonged administration. His experiments on animals show that Aspirin is practically undecomposed in the stomach, but is gradually split up in the alkaline intestinal juice. It was found to have the same therapeutic action as salicylate of sodium, but without its disagreeable effects. Aspirin should be administered either in wafers or mixed with some sugar and water, and when given in this manner it was never necessary to suspend its use in consequence of gastric irritation, and hence a cure could be obtained at an early period. The class of cases in which Aspirin proved of service comprised acute and articular rheumatism, pleurisy and acute and chronic muscular rheumatism. In cases of acute and chronic muscular rheumatism the remedy proved extremely serviceable, and produced a cure within a short time. In acute articular rheumatism it promptly reduced fever, diminished the pains, and caused the disappearance of the swelling. Unlike sodium salicylate, Aspirin increases the motor activity of the heart, and in consequence of this influence cardiac collapse can be excluded during its use.

A GOOD MOVE.—Eastern friends of The Abbott Alkaloidal Company will be pleased to know that this new, energetic and reliable Western house has established a branch in New York City under the management of Norman B. Harris. Mr. Harris is well known to the trade and profession of the East, and may be expected to take good care of what comes his way. The location is 93-95 Broad Street.

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,

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317 W. Seventh St., Cincinnati, O.

CINCINNATI, JANUARY 6, 1900.

Editorial.

THE OUTLOOK.

The writer is a born optimist, and naturally sees brightness in the dawn-future. Never in all the centuries of the past was there such a recognition of a high status in medicine as at the present moment. Men may laugh and sneer, sneer and laugh at the doctors, and refer to them as puzzled, but a science that accounts for causes and effects in disease action, and does so with reasonable accuracy even in the most obscure cases, stands on a foundation that is sure, solid and steadfast. Never before in all time were physicians so exacting in their demands of those who purpose entering their ranks. A preliminary education of a superior order, then four years of time in special professional study, with a final severe examination, is rapidly reducing the ratio of physicians to general population. This very reduction is accompanied by a general rise in qualifications of reputable practitioners of medicine. The disreputable quack and charlatan must go. The handwriting

is on the wall, and, like Banquo's ghost, it will not down. Amended medical laws, boards of examination that will be sure enough boards of elimination, are in the near future. The State is interested in the lives of all citizens. Judge Nash, Governor of Ohio, has given reputable medicine a splendid uplift in his appointment of Dr. Brush as Surgeon-General of the State. Dr. Brush is a strong man in every sense of the word that makes for good in the honor of legitimate medicine, and it is no small pleasure to feel that he is one of the trusted advisers of His Excellency.

Kentucky is fortunate in having Dr. Joseph M. Mathews as President of the State Board of Health, thereby justifying the proud boast of the medical profession of the Corncracker Commonwealth that there is not an advertising medical quack within its boundary lines.

The ism of the day that focalizes in storm centres is parading in the guise of so-called Christian science. Like all fads in which there is little or no solid foundation of truth, it is held up because of entangling alliances which have made it fashionable in some quarters. It is a psychological phenomenon bordering on the ragged edge of criminology. It will blow over, and in some family afflictions its votaries will reap a whirlwind where they have sown the wind. They are joined to an idol; let them alone, unless the State steps in and exercises its parental authority with an iron hand. Then and ere long the sky will clear and there will remain the azure blue of a regenerated people.

Never were times so good as now. There is employment for all able-bodied men and women at living wages. Doctors are thinning out, and there will soon be a sufficient business for every

one. In Cincinnati the total number of medical students in all of the colleges is just about one-half of the number that was here when the city was less than half its present size. This is not because the teaching in the schools is inferior or not up to the times, but rather because of a local disposition to squelch indiscriminate teaching of half-qualified young men. There is and has been a set determination to recognize only honestly qualified men, and in this it is a pleasure to say the college professors have been in the lead. A score of years ago these gentlemen resolved upon the course they have since pursued, and their resolution stands to-day as bright and true in its reflection as though adopted yesterday.

The bars and fences between reputable members of the three schools of medicine are getting very low down, and there is no disposition in any quarter to replace or strengthen them. Each had a laudable purpose in professional life, and each accomplished a good work. Stones were thrown and there were bitter antagonisms; not so now. Peace and harmony prevail. Educational requirements are practically uniform.

Although there is a murky, heavy atmosphere around and hovering over some collegiate institutions, in general, professional training schools are better than ever before. Medical literature has kept pace with advancing science. Books are better, and their mechanical execution commands attention and admiration because of the real art displayed in their illustrations and make-up.

The five years now past have in been very hard years on publishers of periodicals, and medicals have not been an exception. When such great houses as "Harpers'" totter and fall

one may be justified in asserting that others have been severely strained. More than the ordinary number of publications have silently ceased to exist, while many others lived because their owners have derived revenues from other sources. Nevertheless, during the prolonged strain most current medical journals have kept their pennants flying, and a few are now catching prosperous breezes.

During the decade now past, it has been quite interesting to watch the evolution going on in nearly all classes of literature. Backed by large capital, good and cheap magazines have flooded the country, largely driving out the yellow-backed, blood-curdling dime novel, at the same time cutting into the old monthlies that held on to old prices, and obliging the latter to issue a class of magazine that was never before known to the reading world. They are so fine as to be graded as representatives of the highest attainments in art. They are esthetic, educational, refining, and within reach of the masses.

In educational methods and environments it is quite evident that a new era is being entered upon. New thoughts and propositions are grasped with an avidity that shows an intense hunger for a new and better mental pabulum with which to nourish the child mind, while physical conditions and environments are being improved. Medical supervision of schools is a new door recently created and now open to an entrance of physicians upon a new work, which will carry physical culture along hand in hand with intellectual training. Some of the old management of schools are deeply rutted, and utter wails of discontent at the new order of things, taking occasion to proclaim their impracticability. They are

so fixed in opinion as to be unable to change, and in the very nature of things cannot keep up with the procession.

The canal packet and Concord coach were all right and up to date three-quarters of a century ago, but right now are not in the swim as competitors with steam and electricity. The English and Boers are severely jostling each other, and the severity of the jostle is entirely due to the fact that they are of the same strain of race, blood, muscle and nerve. Neither belongs to a so-called inferior race. The war between them is a part, a segment of the present evolution affecting national boundaries.

Readjustments are going on with marvelous rapidity. Science is the father of it all, and makes apparent miracles possible, and is manifest in armored battle ships, smokeless powder, electric devices of all sorts, to say nothing of powerful disinfectants, bacilli destroyers as potent and destructive in power as dynamite guns.

The reader is familiar with the little, old-fashioned sickle which the farmer thrust into the standing wheat, gathering in, grasping the straw and then cutting the sheaf. Every motion was to the extent of his reach. It is so now in every purpose in life—the entering thrust, extent of gather, grasp and cut wherever the harvest may be, marks the extent of success. It is the reach that counts. One may work more rapidly than another, thrust farther, while he grasps more firmly. The work goes on, the sheaves are bound, shocked and threshed.

All of which means that men who would have a fair individual recognition and reach are obliged to read, study and labor, that they may garner and grind for distribution to and a

nourishing of the masses. The men and women who do this are the world's field marshalls, and they never rest or cease from delving, are ever on guard duty and watching for shifting winds and processes. Their pace is the one that governs the progress of the world's procession. They are captains of industry, omnivorous readers and ceaseless students. Their tables are loaded with literature of all sorts. They are the world's "immortals."

NATIONAL EXPANSION.

The Caucasian nations of the world are becoming very near neighbors to each other; in consequence, there naturally follows a close fellowship or intense antithesis.

Little did the writer of a resolution which he offered in the American Medical Association a few years ago, having for its purpose the calling of a Pan-American Medical Congress, dream of the eventual outcome of such a Congress; nor was it possible for him or any one else to conceive of developments to follow along a line of national world affairs which have arisen since that meeting in Washington less than a decade ago. As potentials have demanded attention they have been vigorously met; nor is the end in sight, or likely to be, in scores of years to come.

Medicine is a progressive science, and for centuries has received the nurturing, fostering care of philanthropic individuals. It is now passing out of and beyond that stage, and governments having a paternal interest in their citizenship are extending helping hands to those who are engaged in developing a knowledge of natural science. It may readily be believed that the unknown is greater and of wider signifi-

cance in medicine than the present sum total of human knowledge. Every day some new theory becomes an accepted fact; new drugs with new properties are presented in the form of new remedies, and these have been potential factors in reducing mortality rates. Never were men, firms and great corporations so active along these lines as at the present moment; never were government officials so much alive to an advancement of a science that has for its purpose a preservation and care of human life. The recent career of Major-General Wood, of the United States army, is a sufficient demonstration of his appreciation and value, not only as a Major-General of the line and Governor of Cuba, but as a sanitarian, stands at the very head of the list of valuable officers of the United States Government. It is this one factor alone that gives him such prominence of position. What a splendid Cabinet Officer of Health he would make! The Secretary of Agriculture comes along to lend a helping hand, so that all together are working for a common end in the development of scientific knowledge.

Our fellow-townsmen, C. G. Lloyd, of Lloyd Brothers, manufacturers of medicines, at this time is off in the Samoan Islands making a study of the fauna of those far-away possessions of our government. This is but a prelude to the following, which has a professional interest for every American physician:

CINCINNATI, January 2, 1900.

Editor LANCET-CLINIC:

Will you be kind enough to give the enclosed prominence in the LANCET-CLINIC? The movement is a very meritorious one—one of the very best things that has been accomplished by the Pan-American Medical Congress. It may be interesting for you to know that this is an international movement that

has been taken up and carried almost to perfection by some of the other countries. This is notably true of Mexico, where the Institute Medico Nacional has practically completed the scientific investigation of the medicinal flora of that country.

The appropriation asked for by Secretary Wilson is to enable the sub-commission for the United States to conduct the investigation in their respective countries. We must have this money if we, as a country, are to keep step with the procession.

Trusting that you can see your way clear to give this matter a little assistance, particularly in the direction of inciting your readers to write to their Congressmen and Senators in behalf of the movement, I am

Sincerely yours,

CHAS. A. L. REED.

PROPOSED INVESTIGATION OF THE NATIVE DRUG PLANTS OF THE UNITED STATES.

The Secretary of Agriculture, Hon. James Wilson, has embraced the following paragraph in his Annual Report, which, in more particulars than one, is of interest to the medical profession:

"The collection of native drug plants in the United States, considered from a purely financial standpoint, aside from medical and humanitarian aspects, involves the expenditure of millions of dollars annually. The commercial extermination of some of the most useful species is already threatened, and doubtless others would be found in the same condition were the facts known. The price of one native plant, ginseng, our exports of which average more than a million dollars annually, has more than quadrupled in the past thirty years, so that its cultivation, as urged four years ago by this Department, has now become profitable. It is clear from this and many similar cases that the native drug industry is capable of either decline or improvement, according to the way in which we handle it.

"The Pan-American Medical Congress has recently submitted to me a proposition to co-operate with this Department in a technical and statistical investigation and classification of our native drug plants. By accepting this proposal we shall secure, in a research of which we have long felt the need, the cordial assistance and support of an influential association of learned physicians; we shall encourage each of the other American nations, all of which are represented in the Pan-American Medical Congress, to proceed with a similar investigation of their own medicinal flora; we shall furnish a basis for the remunerative employment of much land and many people, and we shall stimulate the great growth and growing trade in drugs between the countries of North America and South America. I urge the appropriation of \$10,000

to enable this Department to co-operate in this investigation."

RESOLUTION DAY.

The first of the year is a period of reflection and resolutions. It is a time when there is more or less determination to be off with the old and on with a new. It is said, metaphorically, that Hades is paved with good resolutions. Whether this be true or false, there is a cardinal virtue in a good resolution. In it there is an uplift of thought to better purposes, which, however transient, leaves an impress of that which is good. It is better to resolve and fail than not to resolve at all. It is pitiful to observe the strong purpose of a weak man or woman, and many a time the tone of an encouraging word, or a sympathetic action upon the part of another, will tide over a downward gravitation of one who wears a garb of humanity. Tick, tock, the hands of the clock go in one direction only, time never ceases, strands in the thread of life must be picked up and kept in their place in the warp and woof of our life fabric.

SOLUBLE POWDER-CAPSULES.—In reviewing our pages we notice with especial interest the announcement of the Messrs. Wyeth & Bro., manufacturing pharmacists of Philadelphia, of their "Soluble Powder-Capsules." The brief yet accurate description given of this new laboratory product again emphasizes the skill of this firm, marking not only a new and original idea, but a further and most progressive step in pharmacy. The objections which have always attached heretofore, in greater or less degree, to the coating or enclosure of medicines, vanish with the era of "Soluble Powder-Capsules." Drugs, in fact all the solid, as well as some liquid, forms of the materials of medicine are susceptible of this process—no previous or other preparation, or manipulation, being required save that of reduction to state of powder, thus the original and unaltered state of purity and efficacy is assured. Our desire, therefore, is to direct the attention of physicians and pharmacists to this improved method and result.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Hydrotherapeutics In the Treatment of Cardiac Diseases.

Dr. S. Munter, at a meeting of the Society for Innere Medizin, delivered an address on this subject. He said that for some time there had been a dread of cardiac irritation caused by hydrotherapeutical treatment of diseases of the heart. This had been caused by Preisnitz, who had applied thermic irritation to its fullest extent, and had thereby done harm in such cases. Only in later times had physicians begun to treat these diseases systematically by saline and carbonic acid baths, in which, however, heat played the principal rôle. Only slow progress had, however, been made, as the knowledge of nutrition and the function of the heart still presented too many lacunæ whilst pathological anatomy did not afford sufficient basis for treatment. Now as functional diagnosis was more complete, hydrotherapeutics in relation to cardiac diseases come to the front.

In passing on to the aim of therapeutics in the treatment of these affections, he drew attention to the exceptional position of the heart among muscles from its enormous activity with only short pauses. It must be assumed that in order to do such work it must possess peculiar adaptability for using nutrient material and for giving off waste products. It is in favor of this that the heart still makes its contraction when all other muscles of the body have ceased to act. The heart also possesses special reserve power to fit it for emergencies of increased activity. The chief remedy in cardiac therapeutics is digitalis, which calms exaggerated activity, and by raising the blood pressure brings about a condition of increased nutrition of the heart. The great usefulness of slowing of the pulse has been shown by experiment, according to which, the slower the heart beats the longer are

the pauses between diastole and systole. So that, independent of the fewer contractions, the sources for recuperation are distinctly increased. Thermic stimulation in the form of cold acts exactly like digitalis, and finds its place especially where digitalis has already brought about the needful rest.

The speaker then turned to the special indications. He first discussed absolute and relative cardiac insufficiency; whilst in the case of the first treatment was of no avail, in the latter it was useful in a high degree. The stimulants were now made use of with special effect. Hydrotherapeutics are stimulating but not to such an extent as the centrally acting internal medications. When compensation is brought about by the latter hydrotherapeutics serve to carry it further and to maintain it. In acute endocarditis the local application of cold is useful from the first. The ice-bag ordinarily used acts too powerfully and presses too strongly. Leube's cooling tube apparatus acts better, but the extinction of heat is not equable as the lower strata of water become warm. The speaker had invented a cooling flask, with a permanent flow of cool water through it. After the application of cold pain ceases, the urine increases, and the cardiac activity diminishes. Digitalis always assists in cases of delay of compensation. Also after compensation is set up cold serves as a tonic to the cardiac muscle. They used saline or carbonic acid baths, cold friction, packs, affusion, douches, according to what was required, the particulars of which were specified by the speaker. Care must be taken to individualize in each case, as hydrotherapeutics was an energetic means that could increase blood pressure by contraction of vessels. On the other hand, a depletory effect could be produced by action on the peripheral vessels. — *Berlin Cor. Med. Press and Circular.*

Poisoning from Canned Meat.

Instances of poisoning from the eating of canned meats have become quite common. Although it may be possible

that in some instances the ill effects arise from metallic poisoning, in a great majority of cases the poisonous substances are formed by putrefactive changes. In many cases it is probable that decomposition begins after the can has been opened by the consumer; in others the canning is imperfectly done, and putrefaction is far advanced before the food reaches the consumer. In still other instances the meat may have been taken from diseased animals, or it may have undergone putrefactive changes before the canning. It should always be remembered that canned meat is especially liable to putrefactive changes after the can has been opened, and when the contents of the open can are not consumed at once the remainder should be kept in a cold place or thrown away. People are especially careless on this point. While everyone knows that fresh meat should be kept in a cold place during the summer, an open can of meat is often allowed to stand at summer temperature and its contents are eaten hours after the can has been opened. This is not safe, and has caused several outbreaks of meat poisoning that have come under the observation of the writer. — DR. VICTOR VAUGHAN, in *Appleton's Popular Science Monthly*.

How Brain-Workers Should Eat.

It is all right, says a writer in the *Sanitary Record*, for the man who labors all day in the open air to eat freely; but the man of sedentary habits, the brain-worker, must adapt his way of living to his needs. He must be well nourished, for the brain is incapable of good work unless well supplied with pure blood, but such a man cannot possibly furnish vital force to digest three large meals daily. If he tries it, nature will protest at every step. The chemical changes of digestion will be imperfectly performed. The stomach will neither secrete freely nor churn the food with cheerful alacrity; the pyloric orifice contracts and allows such chyme to pass with grudging reluctance; the intestinal lacteals are ashamed to absorb such miserable pabulum, which chokes,

irritates, and congests them, so the large meal remains in the digestive organs to ferment, putrefy, and steep the individual in foul gases and depraved secretions. But the system can furnish enough vital force to convert a small meal into pabulum of high standard, which will be absorbed without difficulty. Three such small meals are not enough to keep the individual properly nourished, however; four to six will be required. Each should consist of but one or at most two articles of food, the diet to be varied by changes at meals. The portion of food served must be small; the patient must stop as soon as the appetite is satisfied, and gaseous distention is proof positive that the meals are still too large or too close together.—*N. Y. Med. Record.*

The Power of the Imagination.

The influence of the imagination is a factor with which physicians have to reckon very largely, and in the minor ailments of life, at any rate, the most successful practitioner is he who possesses the faculty of inspiring confidence in himself to begin with, and then in the treatment he advises. A recent number of the *Psychological Review* relates an interesting experiment made by Mr. Slosson with the view of demonstrating how easily this faculty can be called into play. In the course of a popular lecture he presented to his audience a bottle containing distilled water, which he uncorked with elaborate precautions and then, watch in hand, he asked those present to indicate the exact moment at which the peculiar odor was perceived by them. Within fifteen seconds those immediately in front of him held up their hands, and within forty seconds those at the other end of the room declared that they distinctly perceived the odor. There was an obstinate minority, largely composed of men, who stoutly declared their inability to detect any odor, but Mr. Slosson believes that many more would have given in had he not been compelled to bring the experiment to a close within a minute of opening the bottle, several persons in the front

rank finding the odor so powerful that they hastily quitted the lecture room.—*Med. Press and Circular.*

Treatment of Fractures of the Femoral Neck.

Although many treatments have been suggested as efficient in procuring union after fracture of the neck of the femur, hospital records and the wards of all charitable institutions will abundantly prove that none of these methods are successful in certainly a very large number of cases. Senn advocated for intracapsular fracture the application of a plaster-of-Paris cast provided with a pad and screw, by means of which the bones, once having been brought into position by traction, could be so held until union took place. Though his paper on this subject, with reports of the cases successfully treated, appeared six or eight years ago, his method has, at the best, received a very limited trial, nor is there any evidence to show that it is generally successful. The same may be said of all the methods proposed. Hence, when Ruth reports in the *Journal of the American Medical Association* seventeen cases of unquestioned fracture of the femoral neck, occurring in persons ranging from twenty-five years to almost the extreme limits of age, treated by Maxwell, Kinnaman, Jenkins, Fagers, Coulter, and Ruth, and notes that in fifteen of these union was obtained with useful limbs, whilst the only failures to secure union were in two cases that absolutely refused to have the treatment carried out, his communication is entitled to consideration and respect.

After the injury he adjusted the fragments by flexing the thigh upon the abdomen and relaxing the psoas and the iliacus, bringing them above the fracture line, thereby preventing them from being permanently caught between the fragments. This position also relaxes nearly all of the external rotators. Then vertical traction is made of the shaft of the femur, which now stands at right angles to the trunk while a moderate eversion is being maintained. Next the leg is abducted

to the normal line, and extension is made in the long axis of the trunk while an assistant makes traction one-half to two-thirds as strong upward, slightly outward and forward from the upper end of the femoral shaft. These manipulations should be made by firm, steady traction, not by jerks, which is to be made continuous by Buck's extension, with a weight of from ten to twenty pounds. Binders' board should then be molded to the upper inner aspect of the thigh, over which a band of muslin four to six inches wide should pass outward and slightly upward and sufficiently forward that the weight from the pulley shall overcome the internal pull of all the rotators and adductors, and at the same time raise the lower fragment to its normal level. The weight of this lateral pulley will be from five to fifteen pounds. The side of the bed corresponding to the injured side of the patient must be raised enough to prevent the individual from being drawn out of position by the lateral pulley.

In the report of cases it is specially stated in at least three instances that the fracture was intracapsular; in eight others it was at the femoral neck, and therefore must have been intracapsular.

If in the hands of the general practitioner this modification of the customary treatment produces results in any way comparable to those reported, Ruth will have done a great service in lessening the heavy burdens of a crippled old age.—*Therapeutic Gazette*.

Cerebral Hemorrhage and the Sign of Kernig.

M. Widal, in speaking at the Medical Society, said that he had recently observed a case of meningeal hemorrhage which had been revealed to him by the existence of Kernig's sign. A man of thirty-eight was seized suddenly with an apoplectic attack. When he recovered consciousness a few hours afterwards he presented neither fever nor paralysis. He complained only of intense headache, pain in the back while the pupils were somewhat dilated. The existence of the sign of Kernig was

observed, and a lesion of the meninges was immediately suspected. In the dorsal position, the man could keep his legs extended on the thighs, but once he was seated on the edge of the bed, his legs were drawn towards the thighs. Five days after the accident the temperature rose somewhat, and on the ninth day the patient succumbed. When the cranium was opened a clot of blood was found beneath the arachnoid and extending down towards the bulb, while the rhachidian canal was filled with blood. The clot then did not intersect either the circumvolutions of the base of the brain or those of the convexity. That fact proved that the sign of Kernig could exist independently of all inflammation of the coverings of the cerebral circumvolutions, and that its *raison d'être* was rather to be imputed to an irritation of the spinal membranes. If the sign was more frequently absent in tuberculous meningitis than in cerebro-spinal meningitis, the reason probably was that in the first-named affection, the rhachidian membranes were less affected than in the second.—*Paris Cor. Med. Press and Circular*.

The Boer Hospital Service.

It would seem that in the present war the Boer hospital service, concerning which much has been said in depreciation, is in reality very well equipped. The Transvaal has the orthodox Red Cross Society and an efficient St. John's Ambulance Society as auxiliaries to the regular military medical corps. The latter is well equipped, although numerically weak. Several railroad trains have been made ready, fitted with swinging beds and all modern conveniences for alleviating suffering. The women of Pretoria and Johannesburg responded nobly to the invitation to do volunteer duty in nursing "for the sake of their Lord and their country," as the pathetic appeal reads. It is said the English nurses have been put out of the hospitals at Johannesburg, the physician in charge insisting that "the English women are not fit to nurse the Dutch."—*Med. News*.

Translations.

THE PARASITIC THEORY AND PULMONARY PHTHISIS IN THE EIGHTEENTH CENTURY.*

BY DR. H. GRASSET.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

If the idea of the contagion of pulmonary phthisis is very ancient, admitted by Galen and Rhazes, afterwards a common idea up to the seventeenth and eighteenth centuries, that theory as to the parasitism of the disease is no more new; it was clearly emitted in the eighteenth century by an English author, as well as a French writer.

Before describing the theories of these innovators, it may prove interesting to investigate the origin of parasitism, then to follow the traces up to the time of Pasteur, in order to show how, by means of the microscope, naturalists could propose this idea, always so repulsive to true clinicians. Three chapters converge to form the subject that occupies our attention, *i.e.*, those of panspermia,¹ generation and worms.

According to Anaxagoras, panspermia is the condition of nature in which all bodies contain pre-existent germs, an idea completely in accord with genesis, according to the Bible; so that when Pasteur, ages later, sustained this hypothesis against the heterogenists,² he had raised in his behalf swashbucklers who strongly marched out against materialism and atheism, the re-enforcement given by a well thinking public press,

* Read before the Medical Society of Paris.

1 Panspermia, according to Littre and Robin, "is a physiological system according to which germs are disseminated over all portions of the earth and the space surrounding it, and develop themselves when they meet bodies disposed to retain and increase their growth."—TRANSLATOR.

2 Those who believe that all productions of living organisms that are not connected to individuals of the same species have as their point of departure the bodies of another species, and depend on a concurrence of other circumstances.—TRANSLATOR.

and the chair of Notre Dame resounded with his glorification; English pharisaism at once gave free scope; a list of Puritan *savants* covered themselves with signatures, and only Sir Hershall refused his approbation. As if religion had any right to mingle in scientific discussions!

Our ancestors had noted that certain violent epidemics, occurring in hot years, coincided with the hatching out of innumerable insects, of flies or grasshoppers; from a coincidence to make a cause is but a step, as we shall see.

Varon ("De rustica," liber 1, c. 1) emits this opinion: "It is only necessary to remark that when marshes become dry by the same cause, insects are born that are so small that the eye cannot see them, that the air causes to enter the body by the mouth and the nose, thus causing dangerous diseases."

Columella, John of Damascus, Verulanus, Valerius and Hoffmann all emitted the same idea.

Panspermia was admitted by several philosophers of antiquity. Paracelsus also supposed that seeds always existed from the beginning, while Claude Per Vault, the brother of the romancer ("Mechanique des animaux," P. III, ch. ix, pp. 482 to 485) admits in principle that the elements of all living bodies are generally spread throughout nature, where they only await a favorable occasion for development.

In the eighteenth century the most ardent defenders of panspermia were Spallanzani, his French translator Sennebier, and Charles Bonnet, the adversaries of Needham and Buffon.

The ideas of generation, up to the commencement of the seventeenth century, were the most varied and curious. Louis Von Hausmen, of Dantzic (who died in 1689), was, after George Mathias, the first to speak of worms existing in the seeds of animals, for it was thus, as parasites, that the spermatozooids were considered; meantime Leuwenhoeck, who described them clearly towards 1677, attributed to them their true rôle, but his partisans were not numerous.

Valisnere ("De generatione," Venici, 1721) opposed these ideas as to the part

played by spermatic animalcules in generation, regarding them as parasites and assuring the world that he had observed them in the humors that flowed from the mucous follicles of the uterus and vagina.

Pierre Gericke, professor at Helmstaedt ("De generatione hominis," Helmstaedt, 1744), pretended that prolific particles of men and animals fly in the air or are contained in food, and those that produce by their assimilation, the different animals are not the same as those that concur in the generation of man, and which arise from the air, to find themselves in the sperm.

At the commencement of the nineteenth century many authors still regarded spermatozooids as parasites.

According to Sonnerat ("Sprengel hist.," tome 1, p. 80) Hindoos attribute all diseases of the skin to worms; being given the fidelity of transmission of medical principles in that country, we see that this idea goes back to a period of highest antiquity.

The ancients believed that intestinal worms, or those that were found in ulcerated places, were engendered from the liquids or organs of men and animals, but never thought of attributing a causative rôle to them, considering them as effect. Many even regarded them as complications, and certain of them even (Avicenna, Roederer, Wogler, Goeze and Abildgaard) deemed them desirable, as they absorbed injurious liquids.

Meantime, too, various authors sought to prove that they were engendered by eggs like other insects and animals.¹

We know the experiments undertaken by Redi in order to prove that worms that live on matter are only larvæ of certain flies ("Experienza intorno alla generatione degli insetta," Florence, 1674); later ("Ossevazione int a gli animali vivents," 1678), he occupied his time in the study of worms. Afterwards Andry ("De la generation des vers dans le corps de l'homme," Paris, 1700) made this work more complete and up to the epoch. Hartrocker

(letter to Andry, 1699); Wolf ("Obs. chir. medic," liber ii); Van Doeveren ("Obs. phys. med. sur les vers," Paris, 1761); Nils Rosen de Rosenstein (Paris, 1778); Pallos (St. Petersburg, 1761) all sought to sustain the same thesis.

Ambroise Pare (ch. 6, p. 53) pretended to have seen insects and other animals that propagated the infection of plague; he was also convinced that worms were the principal cause of dental caries. There was, up to the seventeenth and eighteenth centuries, a well-accredited opinion attributing all rotten teeth to worms.

Valescus had already mentioned it, and Jean Platearius ("Practica De Ægritudine oris," cap. 3-4, 1525) emits this opinion on his honor.

Foreston Pierre, at the same epoch ("Obs. et curat med," liber xiii, obs. 4, p. 105) states that worms are often engendered in decayed teeth as well as in the intestines and ears.

Jacobeus Olig saw a worm come out of a carious tooth ("Act. med. Hofnicus," 1667, vol. v). Martin Six observed similar animals in teeth he broke open after extraction ("Th. Barthol. hist. anat. variat," Cent iii, hist. 96, Hafnæ, 1657).

Philippe Salmuth delivered a person attacked by the same affection of a worm measuring one inch and a half, similar to the worm that lives in cheese ("Obs. med., Cent iii), while Nicolas Pechlin saw five odontalgic worms come out after the employment of honey ("Ephem. nat. cur.," dec. ii); finally, Godfroi Schulz took out many that resembled earth worms by means of the gastric juice of the hog ("Ephem. nat. cur.")

These accidental parasites taken for a cause had most certainly been introduced by foods or through the odd pharmaceutical agents employed.

These facts prove that parasitism was in the air, as readily remarked, and the ideas of Redi and of Andry, that the eggs of worms filled the atmosphere up to the time they found some animal in which to develop themselves, led Mossters and Desault to analogies. Meantime, the parasitic theory or animated pathology, as it was called at the epoch,

¹ This idea is enunciated as new at the present day when flies and rats are said to propagate the plague.—TRANSLATOR.

had already been developed by a number of authors.

The first, Hauptmann, of Dresden, published a prospectus under the form of a letter addressed to Jean Fabre (of Montpellier), to subscribe for a book that never saw the light of day, in which he proposed to prove that death never comes save under some determinable form in natural history ("Epist. prælimin ad. troch. de vira mortis imaginæ," 1650).

The German Lange (Christian) and Father Kircher were the most ardent promoters of microscopic pathology. The latter, in 1658 ("Scrutinium physico medicum contagiosæ luis, quæ dicatur pestis," Leipzig) explains the contagion of plague by vermicules born from a particular putrefaction, that penetrate man through the pores of his skin. This opinion enjoyed a great reputation among the physicians at that time. Lange investigated ("Miscellanea medica curiosa," Leipzig, 1666), and attributed the majority of diseases to the presence of germs in unhealthy animal bodies.

In 1675 the microscopic observations of Leuwenhoeck, that were only published in 1678, showed the presence of infusoria and animated bodies in all vehicles, giving a new impulse to these theories; he discovered the first protozoon in the stools in a case of diarrhea.

At the same period Gibbs (Gibberius or Guib, a Scotch physician, who died in 1681; Bacconi ("Observazioni naturali," Bologne, 1684); Christ Franc Paullini, in a monograph on the dog ("Cynographia curiosa, seu cani descriptio," Nüremberg, 1685), and later ("Disquisitio curiosa, ou mors naturalis plerumque sit substantia verminosa," Leipzig, 1703); afterwards Waldschmidt ("Patholog anamatae specimen seu de morbi a vermibus ortis," Kiel, 1694), were all believers in the parasitic origin of disease.

Let it be remarked that it was principally foreigners who accepted this idea, and the majority of them were Germans.

Redi, despite his demonstrations, meantime considered the idea of spontaneous generation as to microscopic

beings, for he was inclined to think the vital force of plants, as well as that of animals, might produce parasites in the organism; and Kircher, notwithstanding his vermicular panspermia, did not admit the pre-existence of germs, since he assures us that the flesh of the serpent dried and reduced to powder, when sowed in the ground and watered by the rain, gave rise to worms that were soon changed into serpents. According to him, again, fermentation or decomposition only occur through means of worms, insects or animalcules—the leven or ferment was only a package of eggs of these worms that were developed and multiplied in matters where this ferment was introduced."¹

As substances that arrest fermentation, such as alcohol, mineral acids, metallic oxides, heat and boiling, camphor, volatile oils, etc., kill the infusoria or animalcules, so was fermentation arrested; it was the destruction of the germs that arrested the process. *This was the first trial at antiseptics.*

In the plague it was principally the anthrax and buboes that lived and developed the insects. Sangius saw the insects that caused measles; Ziegler saw them in malignant fevers with petechiæ; Amatus Lusitanus in the pustules of smallpox; Paracelsus even claimed he had noted them in tinea capitis, herpes and other diseases of the skin; Hauptmann pretended that in the virus of syphilis there were animalcules in the shape of screws; Th. Bartholin tells us that a Danish physician of Helsinbourg, attacked by the dysentery, noticed thousands of living insects in his dejections.

Blancard, in his dictionary, tells us that the microscope shows us that the particles of the blood are naturally round or globular, but that in fevers they are full of worms.

Hartischer (second letter to Andry, 1699) says: "I believe that the worms cause the majority of diseases by which the human species is attacked, and that even those who have what is called the

¹ It will be seen from this that Pasteur's notions in regard to fermentation were very far from being original.—TRANSLATOR.

venereal malady nourish within their bodies an infinitude of insects that cause the ravages we all perceive."

The following are Hoffmann's ideas: "The poison that putrefies stagnant waters spreads in the air and causes grave maladies of the epidemic and malignant kinds. It is of two species, for it is of a putrid and verminous nature."

Jacques Vercalloni, a physician of Piedmont, saw worms everywhere, even in the glands of the esophagus and trachea ("De glandulis esophagi conglomeratis," Astæ, 1711).

Other believers in the doctrines of parasitism were Lancisi, Vallisnieri, Swammerdams (1699), who wrote against spontaneous generation, even as Reaumur did in 1737, and Haller and Baker ("The Microscope Made Easy," 1742). Antoine Deidier also attributed the origin of smallpox to animalcules, and the property this malady has of transmitting itself from one subject to another; meantime he did not regard the plague as epidemic. He even taught that the volatile and spirituous principle of vegetables only depends on collections of worms. In a public lesson his demonstrator, who was not of his opinion, having said that it was useful to have fire at the end of the distillation of spirits, without being delivered by fear of burning out the brains of the worms. Deidier called him up and slapped his cap off his head ("Diss de morbis veneris, accedit diss de humoribus," Montpellier, 1723).

At the commencement of the eighteenth century a charlatan named Boyle, of English origin, came to Paris on a juggling tour to prove that he had a more powerful microscope than any one, which permitted him to see in the blood, the liquids of the economy, in the sputum and the pus, all kinds of specific insects for each disease. In a work appearing in 1726 ("Système d'un médecin Anglais"), he designed, by the side of fleas, body-lice and the acarus of itch, a multitude of imaginary insects, saying they caused various diseases. These insects flying in the air produced epidemics of disease that

spread from man to man. He also emitted ideas that would not meet the disapproval of our modern bacteriologists. If cures were affected by bleeding, it was because a certain number of insects were drawn from the economy through the blood; if cures were effected by composite drugs, it was because a number of such remedies poisoned the aforesaid insects. This individual was expelled from the country by the police authorities.

It was about this time that the great outbreak of plague occurred at Marseilles, which caused numerous works to be written attributing the origin of this disease to worms or insects.¹

Thus Jean Albert Henri Reimarus ("Notices sur la peste qui a regné a Toulon en 1721") believed that contagious miasms are vivifying substances or true animal forms (Hamburg). Bradley Richards ("The Plague at Marseilles Considered," London, 1721) pretends that all pestilential maladies are produced by venomous insects that are carried in the air.

Corte (called Curtius) Barthelemy ("Letter intorna all aria et vermicivoli se cagioni delle peste," Milan, 1720) discusses the question whether it is the air or worms to which one must attribute the cause of the plague. La Begue (Besancon, 1721) and Goiffon (Lyons, 1721) were of the same opinion.

After this review the ideas of authors that we shall study will not appear quite so original and spontaneous.

Benjamin Marten, an English physician, who is only known to us by a single work found in the National Library, having the title "A New Theory of Consumption, More Especially of a Phthisis" (London, 1720). We have sought in vain for a notice of this man in the Dictionaries, in Eloy and Dezeimeris, etc., and this is regrettable, for his work is one of the best and most interesting of that epoch; the various English authors who wrote after him on pulmonary consumption do not speak of him.

Marten emits the idea that the disease

¹ It is thus history repeats itself even at the present day.—TRANSLATOR.

is produced by microscopic animals not yet seen owing to the deficient power and precision of the microscopes. As he passes in review the causes of consumption indicated by various authors (the bad quality of the humors, filthy and acrimonious, foreign ferments, malignant liquids) that seemed to him obscure and unintelligible, he thought it might be due to small living minuscules spread everywhere ("wonderfully minute living creatures"), a species of animalcules which, by the particular nature of their ill-favored rôle, were hostile to the human constitution. Meantime, capable of subsisting in our humors and vessels, they might be carried to the lung through the circulation of the blood, and thus engender the eggs by which the humors were invaded. It was possible, besides, that they might be carried in the air and deposited directly on the lungs when one breathed. These eggs thus deposited would form a true nidus, could be hatched out, develop and become perfect, and these animals, by their spontaneous movement and injurious properties, could stimulate, perhaps wound or perforate the vessels of the lungs, causing all the disorders mentioned. These microscopic organisms, that all arose from germs or eggs, might even be the cause of disease, and actually inconceivable diseases.

Marten also gives us a parasitic theory of heredity. Even for him it was not difficult to suppose it possible that the fluids of our parents might be charged with different species of animalcules, and that these germs or eggs could be communicated to us, introduced in our humors with the nourishment that we receive through the umbilical vessels, while we are still in the uterus; there might have been a latent life for a more or less considerable time, even for years, up to the point that our blood-vessels might become ready to further a nidus, or our humors acquire special properties to nourish and cause the germ to vegetate.

As many of these are species of such animal germs, just so many are our diseases, so that it is easy to explain epidemics and contagion.

From the point of view of phthisis, he judiciously adds that contagion is not sufficient, and that if the constitution of the individual is good, the eggs or germs will not hatch out.

[Concluded next week.]

Chronic Eczema.

A *confrère* asserts that he obtains the radical cure of eczema where it occurs in isolated patches on the upper extremities and so rebellious to the ordinary method of treatment, as follows: After having washed thoroughly with soap and water the part and dried it, he rubs in vigorously a 50 per cent. solution of caustic potash by means of a plug of cotton tied to a rod; he then washes the spot freely with water, and, finally, paints it over with a 50 per cent. solution of nitrate of silver, and envelops the whole in aseptic cotton. This dressing is left in place until the cicatrix is formed beneath the slough, or from one to two weeks. The itching ceases immediately after the application of the caustics. Out of thirty cases thus treated, only one required the operation a second time.—*Paris Cor. Med. Press and Circular.*

SCIATICA.—The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of antikamnia. Among those who have paid high tributes to its value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found it of value in the neuralgias and nervous headaches, resulting from overwork and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed, the practitioner who has such cases as the latter come under his observation, who attempts their relief by opiates and stronger drugs, when so efficient an agent can be used, which is much less harmful, commits a grave error.

Experience goes to prove that ten grain doses of antikamnia in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.—*Medical Reprints*, London, Eng.

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Original Articles.

OPHTHALMIC MEMORANDA.

BY DAVID DEBECK, SC.B., M.D.,

CINCINNATI,

OPHTHALMIC SURGEON, ST. MARY'S AND GOOD
SAMARITAN HOSPITALS.

Ocular Troubles Among the Negroes.

[CONTINUED.]

Condyloma of the Iris.—These small nodules, usually found at the peripheral angle or at the pupillary margin, are generally regarded as being absolutely pathognomonic (if tubercle of the iris be excluded) of constitutional syphilitic infection. Moreover, it is by no means so rare a condition as one would infer from the scanty references to it. Often it occurs in the shape of a small nodule wedged down into the angle of the anterior chamber; in which cases it is very liable to escape observation, unless under careful oblique illumination. This is particularly true if there is any steaminess of the cornea, or turbidity of the aqueous.

Among the 150 carefully noted cases of iritis mentioned above, there were 10 cases of condyloma of the iris (about 10 per cent. of the syphilitic cases). Of these 10, only 6 occurred among the 84 syphilitic whites; while the 20 syphilitic colored presented 4 cases. Of course, we are not at liberty to infer that this proportion (20 per cent.) of condylomatous nodules in syphilitic iritis among negroes would hold good as a uniform average among large series of such cases; but it is striking proof that the condition is certainly much more frequent in the negro than it is in whites. And I think it unquestionably true that the negro is much more apt than the white to develop these condylomatous nodules—the hyperplastic stage; as well as the gummatous growths—the heteroplasic stage. I also think that the gummatous growths are much more destructive in the negro than in

the white; while in both, these condylomatous nodules disappear kindly under prompt local and systemic treatment.

Tubercle of the Iris.—I only mention this condition to call attention to one rather surprising point. In a rather hasty glance through the literature I have not found a single case of this affection reported in a negro. When we consider how frequent tuberculosis occurs among this race, we cannot but be surprised that this ocular expression of it has not been seen. This condition and the one above being so alike (histologically), makes this absence even more striking. But of course tubercle of the iris is very rare, and no firm conclusion can be based on scanty numbers, in such a question as this.

Irido-choroiditis.—This grave inflammation of the uveal tract has seemed to me to be unquestionably more frequent among the colored race, and when occurring in them to be much more severe, and more hopeless. We are accustomed in this race to seeing a neglected iritis go on to involvement of the entire uveal tract; the pupil and the posterior chamber block up with lymph exudates; and finally the eyeball become soft, local treatment all this time seeming of little or absolutely no benefit. With all this there may be no great amount of apparent inflammation, and no severe pain. There is certainly in most, and probably in all, of these cases a syphilitic basis, or the weakness of tissue engendered by an old syphilitic infection. Notwithstanding this, systemic treatment is of as little benefit as is the local treatment.

We rarely see, in the whites, such peculiarly severe, rapid and treacherous examples of inflammation of the uveal tract; so utterly resistant to treatment; and so hopeless as to the outcome. We have become accustomed, on meeting these cases in the negro, to simply give up any expectation of securing any sort of good result. Moreover, in these cases there is apparently little or no prospect of any improvement from an operation. An iridectomy

generally reveals a mass of exudate filling up the posterior chamber, and rendering the operation visually useless, at least. Or fresh inflammation is excited, and the new space blocks up. Of late years we have practically abstained from operating upon such eyes.

Glaucoma.—Although destructive, degenerative inflammation of the uveal tract is not infrequent among the colored race, I do not recall ever having seen a case of acute glaucoma in a negro. To this statement the only exception is one case of glaucoma following traumatic dislocation of the lens into the vitreous chamber; and this can hardly be considered a case in point. Whether others have noted this apparent exemption or not, I do not know; but, on the other hand, I do not recall any reports of acute glaucoma in the negro (although I have made no very careful search through the literature). The point seems worthy the attention of our Southern observers.

If it should prove true that they are favored with a relative immunity, the explanation would probably be along the following lines. We are coming more and more to regard glaucoma as a systemic disease, due to faulty metabolism—and particularly to that condition marked by excess of uric acid, which we know as the gouty diathesis. The negro may suffer from ordinary rheumatism, and from the rheumatoid affections due to exposure and hard work; but his conditions of labor and living have hitherto been such that he has not as yet reached the dignity of gout, or the gouty-like affections. If this glaucoma hypothesis be sustained, it would be perfectly clear how a race not suffering from the gouty diathesis might be relatively free, or entirely exempt from it.

The above are the only pathological conditions in which there seem to be marked and distinct differences in the manifestations in the two races. There are, moreover, some congenital and some functional conditions in which there also seem to be some marked differences.

Congenital Anomalies.—I have always been specially interested in the study of the congenital anomalies of the eye. All material that has passed through my hands has always been carefully inspected for such defects; and I have an immense accumulation of notes on such cases. A glance over this mass of material will surprise one by the almost entire absence from it of negroes, especially those

of full blood. I have seen a minute persistent hyaloid artery; a cystic remnant on the disc; and a case of what Masselon regards as a prolongation of the lamina cribrosa, but which I have regarded as a remnant of the basal expansion of the canal of Cloquet. These are all reported in my little monograph "Persistent Remains of the Fœtal Hyaloid Artery" (Cincinnati, 1890). Dr. Callan, of New York, in an examination of 500 colored school children, found two cases of anomalous retinal vessels projecting into the vitreous, and one case of remains of the hyaloid artery. This latter is also reported in the same monograph.

I have also seen a case of dermoid tumor of the sclero-corneal border, and a case of post-capsular striæ of the lens (reported also in the same monograph). I have also reported a case of albinism in the negro; among twelve children of typical full-blooded parents the sixth and seventh and the eleventh and twelfth were characteristic albinos, the others being just as characteristic negroes.

But none of the great groups, and especially the important group of anomalies of the uveal tract, have been represented. This is curious, to say the least, and deserves further attention.

So that, while a reversion to a lower normal type) as we have noted above) may occasionally occur in this race, they are certainly not more liable than the whites to defects of development, but apparently rather the opposite.

Color-blindness.—In line with the above is the apparently well-settled fact that impaired color-sense is less frequent among the negroes than it is among the whites. My attention was lately attracted by a report of Dr. Allport (Chicago) that in his examinations of 2,000 colored railroad employes he had *not found a single case* of color-blindness. He does not state whether these are original examinations, or re-examinations of a force that has already been picked over; if the former, the absence of this defect is very striking. I do not recall ever having seen a color-blind negro, but my examinations have all been made upon roads going south from Cincinnati, and upon these no colored men are employed in positions requiring the recognition of signals. In fact, I was ignorant that any system employed as many as 2,000 in such positions.

But other observers have found color-amblyopia among negroes. Dr. B. Joy Jef-

fries reports 2 per cent. among males (but in a very limited number examined). Dr. Swan M. Burnett found among 3,000 school children examined, about $1\frac{1}{2}$ per cent. among the boys, and about 1-10 per cent. among the girls. But one sees that these percentages are less than half of those uniformly found among the whites. It has been generally thought that savage nations gave about the same average percentages as the whites, but all these examinations are open to some doubt, and from them we should hesitate to deduce fixed conclusions. With the examinations of civilized negroes we are, at least, certain of our facts.

The above observation has a strong bearing upon another point. If the negro, not quite so high up in the culture-scale, has a relatively better color sense than the white, this is a weighty argument against the view held by some that there has been a decided development of the color-sense in historic times.

Refraction.—My examinations have shown that the negroes (including as well adults as school children) are almost invariably hypermetropic to a greater or lesser degree. I include in this generalization only the series of cases that I have examined under atropine; for many of these people have a remarkably strong accommodation. Emmetropia (using that term with the moderate, common-sense meaning of a defect not exceeding .25 D.) I found extremely rare. Myopia I have never seen in a full-blooded negro; the three cases that I have notes of being all in mulattoes, or whiter. Astigmatism (in anything beyond the lowest degrees) seems to be comparatively rare.

Notwithstanding the refractive condition, asthenopia is very rare among them, even among their school children. This is probably due to their occupations being almost exclusively outdoor, or rough manual labor. I have prescribed a few glasses among those who were barbers, seamstresses, etc.

Strabismus convergens.—Despite the almost invariable hypermetropia, it is a well-known fact that "squint" among them is almost unknown. This fact is popularly recognized in the formula which, with unconscious irony, the superstitious among these folks express the extreme difficulty experienced in securing possession of a much vaunted and greatly esteemed charm—"the left hind-foot of a rabbit, caught by a cross-eyed negro, in a

cemetery at twelve o'clock at night." Those who know the race appreciate that this expresses about the limit of human possibilities. A "charm" obtained under such conditions would indeed be a rarity that ought to be potent!

But although of extreme rarity, true concomitant strabismus convergens does occur among them. I have seen two cases in typical negroes, from undoubtedly pure-blooded parents.

Lucy A—, æt. 15, colored (negro). Seen in September, 1898. She had a characteristic strabismus convergens concomitans of the right eye. Amplitude of movement good. There was but moderate hypermetropia, but considerable amblyopia of the squinting eye. A rather free tenotomy of the right internus was made, and the full correction given for constant use. The outcome was good, and she disappeared from observation.

Mrs. Ella H—, æt. 20, colored (negro). Case was seen several years ago, and full notes not at hand. She had concomitant strabismus convergens of the right eye. There was good amplitude of movement outwards, but movements in fixation were jerky. There was very marked amblyopia, with moderate hypermetropia. She refused operation, or even correction of the refractive error, and disappeared from observation.

This experience shows how rare the condition is among the negroes. Burnett states that it occurs with only one-twelfth the frequency among them that it does among the whites. This estimate seems to me fair enough, although I have not a series large enough at command to warrant figuring out a proportion. Kollock, of Charleston, S. C., with his peculiarly rich experience among pure-blooded negroes on that coast, has reported but one case.

Ophthalmoplegia.—Notwithstanding functional muscular troubles are rare, paralytic troubles seem to occur among them in larger proportion than among the whites. Paralysis of the third and of the sixth are of the most frequent occurrence, as is the ordinary rule. No less than three cases of squint that I had noticed in negroes in my neighborhood, and had investigated in hope that they were cases of ordinary strabismus, I have found to be cases of paralysis of the sixth. The frequency of such cases among the negroes I have attributed to the greater prevalence of syphilis among them, and to their neglect of treat-

ment, leading to these later and graver complications. But of the fact that these ophthalmoplegias occur with greater proportionate frequency among them I think there can be no question.

The Prevention of Sickness After Anesthetics.

Blumfeld, in the London *Lancet* of September 23, 1899, says that some of the chief points to be attended to in the avoidance of after-sickness are: (1) Use as little of the anesthetic as possible consistent with perfect anesthesia; (2) wash out the stomach at the close of the operation when much mucus has been swallowed; (3) in long operations substitute chloroform for ether after three-quarters of an hour; (4) move the patient about as little as possible during and after operation; (5) place him on his right side in bed with the head only slightly raised; (6) give nothing but hot, thin liquids in small quantity for at least eight hours after; and (7) do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all administrations up to twenty minutes, or not much longer, sickness will be found to be the exception.—*Therapeutic Gazette*.

Peroxide of Hydrogen.

Tessot (*Arch. de med. navale*) has used peroxide of hydrogen extensively in his surgical work and formulates the following conclusions:

1. Peroxide of hydrogen is a powerful antiseptic, causes no local irritation, no erythema, no toxic phenomena.
2. Its application is practically painless. It only provokes a slight burning sensation.
3. It gives a healthy appearance to wounds and seems to favor the healing-process.
4. It is an hemostatic and also a deodorant.
5. Its use is attended by an abundant evolution of gas.—*Med. Standard*.

A CÆSAREAN SECTION.

BY JOHN A. GRAFFT, M.D.,
HAMILTON, O.

At 4 A.M., December 26, 1899, I was called in consultation by Dr. Sharkey to see a case of confinement, which presented all the signs of complete gestation, but upon examination it was found to be impossible to deliver the child because of a contracted pelvis. The antero-posterior diameter of the pelvis was one and three-quarter inches, and the transverse diameter three inches.

Finding this to be the condition of the pelvis, it was decided to operate at once. The patient was carefully and hastily moved to Mercy Hospital, where more commodious quarters and ample facilities would be at hand. The patient was then prepared with the usual antiseptic care and made ready for the operation. Chloroform anesthetic was administered.

The abdominal incision was made parallel to and one inch to the right of the median line, and the hemorrhage controlled. The peritoneal cavity was then opened, and the uterus was next in the field of operation. The peritoneal cavity was then well packed over lateral portions of uterus, to prevent hemorrhage from entering the peritoneal cavity. An incision was then made into the anterior surface of the uterus, and we found the placenta attached to the uterus under the line of incision, with profuse hemorrhage. My right hand was then passed into the uterus, and, seizing the feet, delivered a living ten-pound boy. Then grasping the uterus with left hand, caused contraction and controlled the hemorrhage. The uterine incision was then united with silk, the uterine discharge passing through the normal channel. The ovaries were then ligated and removed, and the peritoneal cavity closed in the usual manner.

The patient did not suffer from shock so much as would be expected in this kind of operation. The child was placed at the breast on the second day, and the abdominal sutures removed on the eighth day. The mother and her babe are doing well.

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J. C. CULBERTSON, M.D.,
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CINCINNATI, JANUARY 13, 1900.

Editorial.

EDUCATIONAL NEEDS.

Ever and anon some generous-hearted, benevolent individual establishes a fund, the interest of which is designed to go as a prize for special attainments in a particular study. The motives actuating such gifts are high and noble, but, unfortunately, such intentions are badly directed. In a class of fifty to a hundred, two, three, or maybe four, are excessively stimulated to hard study in order to become prize-winners. The class as a whole and school are in no way benefited, and there is no actual gain in the general attainments of scholarship by the aggregate number.

Fellowships that will assist worthy and deserving pupils are very much better, but, good as they are, should be carefully hedged by the donors. Sons and daughters of parents in affluent circumstances should not be beneficiaries except in honors fairly won, and it is much better that the names of recipients of such favors should be unknown outside of the college or school records.

Endowments of special chairs are always extremely desirable, as they furnish stability and permanency to the institution that is the beneficiary. The Cincinnati University has recently been the recipient of some handsome donations, but the institution is in its swaddling clothes. It needs a generous amount of nursing and good wholesome coddling. Strange to say, there have been no establishments of endowed chairs. These are greatly needed. It is through gifts of this nature that expansion and special usefulness are attained. New University buildings are being erected every year, but hardly fast enough to meet the demands made for them. A fire-proof structure to properly house the great store of wealth in the Natural History Society collection is badly needed, and cannot be provided a day too soon.

SCHOOL HOUSE BATHS.

The following clipping is from a school journal of recent date:

"The board of health of Hartford, Conn., has decided to put shower baths in all the public schools to prevent disease. Children who have been quarantined and barred from school because of disease existing in the buildings in which they live will, upon their return, be required to bathe, and their wearing apparel will be thoroughly fumigated. The installation of this system will be under the direction of the committees of the various districts, and they will be consulted by the health board in regard to the matter."

About four years ago a resolution was offered in the Cincinnati Board of Education, and repeated a year later, having for its purpose an introduction of shower baths in the public schools. The first resolution was lost. The committee, in reporting upon the second, referred to it as being impracticable. However, those resolutions did not die,

for the slow, sluggish conservatism of the Cincinnati board seemed to have a reflex action upon the Chicago, Hartford and other educational boards, producing definite results. In mildly criticising the Cincinnati school authorities, the writer assumes his full share of blame for delinquencies, acknowledging that he sometimes becomes restive for better results than are attained. As remedial in their effects, some good counter-irritants, it is hoped, will mildly stimulate their management to up-to-date conditions. Shower baths for public schools, and no other kind, are needed. This winter there is a prevalence of infectious diseases in some localities. Free shower baths and a required use of them would have had a very beneficent influence in preventing a spread of the contagion. Such baths and their use are not impracticable.

A good omen! At the last meeting of the Board of Education Dr. Boone, Superintendent of Schools, asked a leave of absence for himself and a school principal for the purpose of making a visit to the schools of a neighboring city. The idea is most commendable. There is not a city, large or small, in this country that does not have some excellent methods in practice, and from which something can be learned by all the others. This indicates individuality, and individuality means strength and character. Without individuality there is nonentity.

The public school buildings of Cincinnati need to have placed in them shower baths.

The high schools should abandon the awarding of prizes for special attainments in specific branches of study.

School yards should be open to little children from sun up to dusk every day in the year except Sundays.

There should be a regular medical supervision of the schools by physicians appointed and compensated by the Board of Education. All acute infectious diseases are preventable, and the control of such maladies can be largely effected through this system, which is now in vogue in other large cities. In no place where such advanced methods have been adopted have they ever been relinquished. They are practical, and preserve and protect health and life; hence, should be adopted and enforced.

Public school buildings should be located beyond the city limits. Country schools for city children should be the slogan of every parent and of every child. Country schools for city children should be required by State legislative enactment. Future men and women who are strong in physique, mentality and in morals are the citizens who are all of the time in demand. The young and middle-aged who can work in the occupation they are engaged in for twelve or fourteen hours every day, if necessary, are twice—yes, four times—more valuable to the community in which they live than the stunted runts that are victims of degeneracy produced by lack of nutrition and bad environments.

Does it mean higher taxes, and hence, to some minds, becomes impracticable to bring about reforms of this nature? No; but if it did there would be a thousand-fold compensation in the educational results attainable. Medical supervision should be placed over all schools, from kindergarten to seniors in the University. This supervision should mean not only efforts to prevent a spread of contagious diseases, but should give intelligent direction to all plays, sports and games, and in this line cultivate the moral standard in every in-

dividual pupil by showing the depraving influence of so-called professional athletic games, which lead to and are gambling in character.

Ideals are mental conceptions rarely attained, but it is a good thing to have them. Where they exist and have a just claim to practicability they should be fostered, nurtured, cultivated, fondled, and not allowed to die simply because of an arterio-sclerosis affecting some one or ones in official position who does not know that the world do move.

* * *

In primitive days school rooms were heated by stoves of all sorts, kinds and descriptions. Some were better than others, but with a stove of sufficient size it was a comparatively easy matter to heat a room. The inventive genius of Americans suggested changes to as many varieties of hot-air furnaces as there had been of stoves. In close relation with the furnaces were reservoirs of oratory, which were easily turned on at the erection of a new school building. The flow from these reservoirs was large, medium and small, and well proportioned to the defects and inadequacy of the furnace under consideration. By a scientific use of certain salts a stream of water can be made to defy the force of gravity and actually run up hill, so the orators of all kinds of school furnaces would proclaim their economy of fuel, and a management as simple as two and two make four. It was their business to deluther and overwhelm the Committee on Fuel and Fixtures with tables of cost, units of heat, and whirling circles of arrows designating the course of the atmosphere to and from the furnaces. A few strokes of a very facile pen or pencil was ready cash capital in the oration, and were entirely sufficient to send sewer

gas down into unseen depths or up into the realm of cirrus clouds; little or no labor for janitor, and supervision of school principal never, no, never—or at least hardly ever—required. Like Tennyson's brook, the stream having all the visible signs of going on forever, the fuel committee, out of sheer compassion for the orator, would succumb on a compromise, conditioned that the furnace orator would guarantee the heater for a given length of time. If it were possible to incorporate a lot of ambiguous rhetoric in the agreement it would be done, and in would go a recently repatented affair of about one-half the necessary capacity to do a given amount of heating, and that by practical trial would consume about double the amount of fuel required to effectually heat the same rooms with stoves. Heat in the form of hot air and steam can be piped and distributed through any building, however large, but when such heating apparatus is located in school buildings, as a rule, does not give satisfaction. It is doubtful if there is one in ten in the Cincinnati schools that anywhere near meet the guarantees of the manufacturers, and, unfortunately, such conditions are not confined to Cincinnati corporation lines.

IMBECILITY.

A medical dictionary definition of the word "imbecile" is "possessing weak mental faculties." "Imbecility," "feebleness of mind; debility."

Not long since there was published in the daily press a statement pertaining to a young man, in which the father of the son was made to say that the young man, when at the age of eleven years, received a physical injury of the head which had an untoward mental effect, making him from that

time on an imbecile. This evidence was substantiated and corroborated by statements made by servants in the family at that period. The injury and impaired mentality did not prevent the young man from being prepared to enter Yale College, which he did without known difficulties greater than those experienced by other would-be college freshmen. The regular four-years' course of study was completed and the usual diploma standing for a Bachelor of Arts degree was conferred and received.

According to family testimony, during all of this period the young man was in a state of dementia, which at once aroused the curiosity of some inquisitive people, who wanted to know how a known dement could be sufficiently prepared in scholarship to enter an educational institution of the known high character of Yale; and further, as to how he could creditably pass all required studies and examinations and finally obtain an A. B. degree. That this was done is not a satisfactory answer to the question, but curiosity comes back with a "how could he do it, and how did he do it?" being afflicted with a dementia produced by a trauma. Not for a moment is it to be presumed or supposed that an A. B. degree from Yale does not stand for a high standard of scholarship. Such being the case, how in the world did that young man obtain his A. B. degree at Yale?

After this the aforesaid young man got married. Nothing very remarkable about that, for most men do likewise; but he got married with the supposed knowledge and consent of his parents—another thing not unusual or deserving of remark, were it not for the fact that his father knew he was a dement from a trauma, and had been one since he

was eleven years of age. The marriage was not a very happy one, which is scarcely sufficient to attract attention beyond the parties immediately concerned, notwithstanding the fact that he was an A. B. graduate of Yale.

Some years later an unfortunate incident occurred in the young man's history which brought out the conditions and developments before mentioned, which makes one inquire of himself as to the curriculum of Yale College, and composition of material constituting the classes, with possible ratio of dements, other defectives and degenerates.

Ohio has a State institution for care of and instruction of the feeble-minded youth, but it seems they do not all get there, and why should they, when at least some of this class of youth can be prepared for and not only enter, but graduate in a first-class college like Yale? The case under consideration counts largely in favor of Yale, and shows the superiority of instructors and instruction in that old and highly reputable institution.

Quite naturally the people of Cincinnati are very proud of their own local University, and have a very high regard for the President and Faculty, who undoubtedly have the attainments of accomplished scholars; and the academic department is pretty well filled with large classes, but it is exceedingly doubtful as to their ability to take in a known traumatic dement and carry him through the regular four-years' course and graduate him with an A. B. degree. While the writer has a most profound respect for the gentlemen constituting the Faculty of the Cincinnati University, he is very skeptical as to their ability to successfully stand a test like this, which may be regarded as crucial.

As to whether the other old colleges of the East are equal to such an occasion is not well known, but it is possible, for after the eminent illustration of what has been accomplished at Yale there is no telling what Harvard and Princeton are capable of. Suspicions are aroused, so that when the bright and brilliant football teams and songsters of those institutions come around on their annual advertising tours it will be well to watch them with wide-open weather eyes, and at receptions given in their honor keep them under a gentle but kind surveillance, for there is no sure guarantee that some of the young men are not demented, defectives or degenerates—may not even understand common law. In fact, there is no telling what eccentricities may be covered by their good clothes and sheltered by tuneless melodies.

When the government tax on the manufacture of whisky was high a very astute and shrewd old German in a neighboring city was arrested a number of times for illicit distilling, and at each trial when found guilty and asked to stand up for sentence, on being asked what he had to say, always raised his right hand and said: "Vell, Judge, I tells you; the trouble is, I never can understand dose revenue laws." There is no doubt in the writer's mind but that he could have not only graduated at Yale and taken an A. B. degree, but one of D. C. L. would have quickly followed.

Cincinnati is one of the best recruiting stations for Yale in this country. Never before could the writer altogether understand why this was so, when Ohio has thirty-five academic colleges, and some of them bang-up, first-class institutions of learning; but it is feared the reason may be inferred from the reading of this item.

EDITORIAL NOTES.

COMPLETE YOUR FILES.—The Cincinnati LANCET-CLINIC has been regularly published since May, 1841. With every issue it was found necessary to shelve a number of "overs" to meet the wants of subscribers who, from some cause, either failed to receive the copy mailed to their address, mislaid it or lost it in some way. The overs of early years in the life of the journal were mainly exhausted many years ago; a few odd copies remain. As circulation increased there came a necessity for more overs, which meant more shelf room, and a greater accumulation of old journals. Within two years of time any subscriber ought to know and obtain such missing numbers as he might want, and it is now suggested that those preserving files should see that they are complete, as the publisher feels obliged to do a clearing-house act in the near future.

THE CHARLESTON MEETING OF THE TRI-STATE ASSOCIATION.—The second annual meeting of the Tri-State Medical Association of the Carolinas and Virginia will be held in Charleston. S. C., February 20, 1900.

This Association, though young, has many influential men among its members and there is no reason why it should not stand first among the several tri-State organizations of the country. Its active membership is confined to Virginia, North and South Carolina, and these States are already so intimately associated in business affairs and so conveniently connected geographically that the maintenance of a medical and scientific partnership should not be difficult of accomplishment. The meeting held in Charlotte was in every way worthy of a tri-State organization, the scientific work done being second to no similar meeting's work for the past year. The transactions of this meeting in a handsome

well-printed volume is now in the binder's hands and will be mailed during the coming week.

This volume will compare with the printed transactions of associations much older in years and riper in experience. And another evidence of progress and superb management is the fact that the association will pay all its first year's expenses from its regular income.

The mid-winter meeting in Charleston will be delightful in many ways; the tempered climate of that seaport town will be an agreeable change from the storm-swept plain and snow-covered mountain, the historic points of interest woven into the history of our nation are on every hand, the old Southern hospitality that suffered no harm from the war or damage by the earthquake will be in the forefront and the worth and merit of the professional representatives living here, these all conspire and plot to make the coming meeting most auspicious.

The scientific programme will be rich and varied and will be carried out by men of reputation and character.

The annual discussion will be on the Negro, his sexual life and character, the influence of his present surroundings and those coming from his far away forest home.

This discussion will be opened with a scholarly paper by Dr. Paul A. Baringer, of the University of Virginia.

Reduced rates will be in force on all railroads and there will be no lack of comfortable housing at very reasonable rates.—*Charlotte Med. Journal.*

A NOTABLE GATHERING.—Our Cincinnati readers do not fully appreciate the high standing and world-wide reputation of the Wm. S. Merrell Chemical Company, established in our midst for over seventy years. During the holidays the lobby of the Palace Hotel had the appearance of some prominent convention. It was, in fact, the annual gathering of the traveling representatives of the Merrell Company in attend-

ance upon their annual conference. Every State in this country has its individual representative, and in many States four or five are employed in the introduction and sale of the Merrell products—a notable gathering of high-class men representing high-class products to one of the most intelligent of professions.

COMPETITION FOR THE AMERICAN MEDICAL ASSOCIATION MEDAL.—At the meeting of the American Medical Association, held June 4, 1897, it was resolved to restore the former policy of the Association in favor of offering annually a gold medal for meritorious scientific work. The committee for this year, consisting of Dr. George M. Gould, of Philadelphia; E. Fletcher Ingals, of Chicago and T. W. Huntington, of Sacramento, Cal., desires to direct attention to the following rules governing the competition:

1. The medal shall contain the seal of the United States or a seal of the Association, to be hereafter designed, on one side and an Æsculapian staff on the other, together with the name of the recipient of the medal and suitable inscriptions.

2. The commercial value of the medal shall be \$100.

3. A standing committee on prize medals, consisting of three members of the Association, shall be elected by the Business Committee as follows: One for one year, one for two years and one for three years, and thereafter one to be elected yearly to hold office until in either case his successor has been duly elected. In no case shall a member of the Business Committee hold a place on the Committee on Prize Medals.

4. The competing essays shall be typewritten or printed and shall bear no mark revealing their authorship; but instead of the name of the author, there shall appear on each essay a motto, and accompanying each essay shall be a sealed envelop containing the name of the author and bearing on its outer surface the motto of identification. No envelope is to be opened by the Committee until a decision has been reached as to the most deserving essay, and the other essays have been returned to their respective owners. The Committee shall have authority to reject and return all essays in case none have been found worthy of the Association medal. Competing essays must be in the hands of the Committee not later than March 1, 1900. For further information address any member thereof.

DR. E. STUVER has moved from Rawlins, Wyoming, to Fort Collins, Colorado. His friends will note change of address.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Pathology of Paralysis Agitans.

Gordinier (*American Journal of Medical Sciences*), after careful investigation of the recorded autopsies in paralysis agitans, concludes that it can no longer be included among the functional nervous diseases and believes there is abundant evidence to show a distinct pathological basis. In the cases examined there was a constant uniformity of anatomical findings, showing thickening in the walls of the blood-vessels, proliferation of the neuroglia about the blood-vessels, forming areas of perivascular sclerosis and pigmentation with degeneration and atrophy of nerve-cells and fibres. The spinal cord was in all cases most affected, these changes being most marked in the gray matter and in the lateral and posterior columns of the cervical and lumbar enlargements. The lesions decrease in intensity brainward. The primary seat of the pathological changes of paralysis agitans is doubtless in the blood-vessels. It starts with an endoarteritis and periarteritis, and consequent proliferation of the neuroglia in the immediate neighborhood, with the production of patches or islets of perivascular sclerosis which are characteristic of this disease. A careful study of the alterations that have been observed in the nerve-cells of the anterior cornua and cranial nerve nuclei, together with the slight changes observed in the cells of the motor cortex, seems to prove that these alterations are secondary, they being due in all probability to a gradual diminution of nutrition dependent upon the vascular changes. With a knowledge of the foregoing facts of pathology, it seems logical to believe that the tremor and rigidity, the two characteristic symptoms of this disease, are both due to one and the same cause—namely, an irritation from the presence of an increased amount of neuroglia in the posterior columns producing an excita-

bility of the reflex collaterals of the posterior nerve-roots arborizing about the ventral cornual cells, which results in an increase of the normal rhythmic discharges of energy from those cells, producing at first the tremor and later the rigidity.—*Med. Standard.*

Bosnian Operation for Calculi.

At the Gesellschaft der Aerzte, Preindelsberger gave the meeting a racy description of how the Bosnian surgeon operates for stone in the bladder. The diagnosis is made by the bimanual method. Having decided to operate, two fingers are entered into the rectum above the stone, which is caught and pressed tightly down on the perineum; an incision is then made parallel and near to the urethra, until the stone is reached, which is next caught by forceps and extracted. The hemorrhage is checked by pouring hot oil over the bleeding surface, or the application of boiled egg albumen. The results are not at all satisfactory. In a series of 160 cases he performed himself by this method while in the country, 20 per cent. died, and he had no doubt in his own mind that other practitioners had even much higher mortality.

He related two cases that had an urinary fistula in the perineum after the operation.—*Vienna Cor. Med. Press and Circular.*

Direct Examination of Larynx.

Schrötter, at the Gesellschaft der Aerzte, demonstrated Killian's method of examining the larynx and trachea as well as the bronchi by means of a tube directly, and not with the laryngoscope as hitherto. The part to be examined is lighted by means of a small electric lamp with a lens carried in the instrument itself. His object in using this instrument was an immediate one. He brought in a boy, aged twelve, who had the head of a pencil lodged in the left lung which could be seen by the Röntgen rays, but was beyond the reach of all instrumental arrangements. By cocaineizing the trachea and bronchi and inserting this instrument he is hope-

ful of reaching the, at present, inaccessible fragment.—*Vienna Cor. Med. Press and Circular.*

DIET IN TYPHOID FEVERS.—Much has been written both pro and con in reference to this or that article of diet in the management of typhoid fever. It is a settled fact that the food must be fluid, highly nutritious and easy of digestion, for the maintenance of nutrition is imperative in this wasting disease. Milk is probably the most extensively used and will form the main article of diet so long as fever lasts. I have used milk in nearly all its various forms in the care of my cases, from frozen or boiled sweet milk to butter milk, from sweet milk, milk with lime water to that partially digested with pepsin or pancreatin when digestion was enfeebled. The tendency in milk diet is to overfeed by forcing too large quantities at one feeding and therefore cause a disgust for that diet upon which we have pinned our faith. If one insists upon an absolute milk diet, not infrequently will you find your patient has gone without it rather than take it. They fret under its administration, digestion is interfered with, curds swarming with bacteria of decomposition are found in the increased diarrheal discharges, plus the bacteria of typhoid fever already existing, hence the object which we wish to attain so far as it is possible (that of rendering the gastro-intestinal tract aseptic), is defeated from the outset by error in diet. I have often been puzzled as to what to substitute for milk in this class of cases until the stomach became more tolerant. I have tried various farinaceous substances and discarded them on account of the increase of flatulency they almost invariably produced.

For some time past I have tided my patients over their critical period by tablespoonful doses of liquid peptonoids every two hours, giving nothing else in the way of nourishment but the above remedy. I cannot speak too highly of this elegant preparation where digestion is below par, as a highly nutritious food and that will not curdle upon the stomach or leave a residue in the intestinal tract. It is a slightly stimulating food, consequently your cases as a rule will require less alcoholic stimulants, a great desideratum in some cases. I do frequently carry through my cases of typhoid successfully, where no other article of diet is given from the time I make the diagnosis until convalescence is firmly established, and I call the attention of the profession to it for that class of cases in which milk cannot be taken.—FRED C. SHURTLEFF, M.D., Los Angeles, Cal., in *Southern California Practitioner*.

Translations.

THE PARASITIC THEORY AND PULMONARY PHTHISIS IN THE EIGHTEENTH CENTURY.*

BY DR. H. GRASSET.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI.

[Concluded from last week.]

With Pierre Desault (1675 to 1737), of Bordeaux, Syndic of the College of Medicine, we enter into a more interesting subject, for French medicine owes this man an ample apology.

If this physician enjoyed great consideration in his own province, he is but little known among his compatriots at large; the compendium of medicine makes but a slight allusion to his memory, and he is almost a stranger. Clark, in his "Traite de la phtisie," renders him homage in the nineteenth century. Seventy-five years previous, before Bayle, this Desault gave tubercles as the only initial cause of phthisis. We have already (see "Varieties medicales," January, 1899) drawn attention to Desault; meantime it may be useful to examine his work again; his principal work has as its title "Dissertation sur les maladies veneriennes avec deux dissertations, l'une sur la rage, l'autre sur la phtisie," Bordeaux, 1733. There was another edition of this book published in 1738; this is the one in our possession.

In his preface the author excuses himself for putting forward ideas aside from adopted views, but attests his sincerity by supporting his observations. After a short description of venereal diseases, where he naturally confounds in an entity, blennorrhagia, chancre and the pox, he notes that the indurated chancre is the starting point among those who have no gonorrhea, and goes on to prove that between the commencement of the gonorrhea and syphilis there is only a difference of quantity in the virus.

Afterwards he investigates the nature of the poison that induces these maladies. "We believe that the venereal germ consists of imperceptible worms,

which, by their contact, are communicated from one body to another, and afterwards multiply in the subject receiving them." Further along he remarks: "Although we do not perceive these germs that generate the ravages of pox distinctly, we are not allowed to admit them; yet we can no better discern the different configuration of the salt, the idea of which is only traced in the imagination, and on which it is said depend the venereal disease and its symptoms. So, supposition for supposition, we must prefer our own notion, that leads us to admire the hand of God, that is in a condition to produce well-organized insects, although they may be below the smallest of homogeneous particles in the thinnest of liquids."

This conclusion is typical. The designation of worms of Desault is not only specific, but indicates a class of imperceptible parasitic animals.

He adds (page 15): "I say, moreover, that it is probable that all other contagious maladies come from worms, like hydrophobia, scurvy, smallpox, plague, etc."

He goes on to show that his system renders a complete account of contagion and evolution, the malady being propagated from surface to the interior.

He very well explains the later manifestations after a past and unperceived contagion and the relapse after their delay, and even heredity. "I had always believed that if no venereal symptoms appear soon after exposure to the disease might lead one to be at peace. But observation has led me to see the contrary; the reason of this is that the venereal germ introduced into the particles or matter of the blood may maintain itself there and multiply considerably, because that the good vigor of this blood, or the elasticity of its energy, resist their fullest generation. But from thence, from the tendency to age, or by excesses, the temperament is sometimes much enfeebled, and the worms of the pox find occasion to multiply, thus causing all the confirmed symptoms of the disease."

Do the microbians say anything else, save through a little different formu-

lary? Now comes our author's theory of heredity: "Why, likewise, should we not think that a certain small number of worms remaining in the body, should not succeed from father to son without causing injurious accidents, up to such a time as the vigor of the blood is weakened, insensible transpiration languishes and the organs used favorize their more ample increase and cause all the striking symptoms of a confirmed pox?"

"Finally, it is sufficient if we agree that in a single malady a contagion comes from worms, we at once advance the proof that all contagious diseases depend thereon."

Here we see his interesting views regarding phthisis, where he upsets the ideas of his professional *confrères*, and, thus views them: "A system that overturns the prejudices of so many ages, ideas so diametrically opposed to the other authors who have treated of this subject, will at first only be regarded as eccentricity." Before this we knew of the presence of tubercles in the lungs, but the course of the disease was generally held to be due to an ulceration of the lungs; for our author the tubercle always started the malady, the ulceration followed.

"The illusion," says he, "that has led them to many a false scent on this point doubtless arose from the fact that when the cadavers of consumptive patients were opened, ulcers were frequently found, and without carrying their views further as to the causes that occasioned the tubercles, to their inflammation and suppuration, they proceeded to establish the causation of this affection."

We now arrive at the second degree; the malady becomes contagious, it is the sputum that propagates it.

"We come to the second stage; some tubercles undergo inflammation, pus forms, the fever increases, with difficulty of respiration. The tubercles burst open, the pus is emptied out through the sputum, that the patient discharges now in abundance.

"After the evacuation of the pus from these tubercles is exhausted by suppuration, the fever diminishes, the patient breathes easier and finds him-

self better up to such a time as other tubercles inflame. The physician attributes this short time to the effect of his remedies, but this is a bad proposition, since the relief coming in the disease is due to the evacuation of the tubercles that have opened."

This is an observation made by a master hand, an appreciation of therapeutics that is unailing.

"It is then that the disease is contagious; the rottenness of the tubercles engenders worms, that constitute the character of the ulcer; these worms reach and spread throughout adjoining tubercles or places suitable for their nourishment and increase, and through this means the malady becomes contagious."

Desault only seems to consider the worms as the cause of the suppuration and non-genesis of the tubercle. He explains himself no better elsewhere, but the last sentence of the phrase indicates that it is by their means that the affection becomes contagious, and permits us to suppose that he attributed to them a certain rôle in the origin of the tubercle among those contaminated.

Afterwards he makes brilliant parallels between the scrofula and consumption: "The same as the ulcers that come and succeed the suppuration of scrofulous tumors are not the cause of the scrofula, but its effects and progress; it is the same with the ulcerations that succeed to the inflammation and suppuration of tubercles of the lung that are not the cause of phthisis or consumption, but rather effects and symptoms. Finally, both diseases in this state are contagious. The cause of scrofula and of consumption is the same and these two diseases only differ by reason of the parts they occupy."

If we now pass to Desault's article on hydrophobia, we see that he attributes it to small animalcules in the saliva that are introduced into the blood-vessels of the parts, multiply and are carried to the brain, throat and salivary glands. In support of his statement he cites various authors who have mentioned worms in the saliva of mad animals—Avicenna, Florentin,

Valeriola, Salmuthus, Vega, Ettmuller, etc. He states that he saw a group of them in the brain of a dog that died of hydrophobia.

Against these three parasitic diseases there was an heroic remedy, that killed ordinary vermin, being fatal to the latter, *i.e.*, mercurial ointment, the best remedy of all.

If we consider his work on phthisis we cannot fail to regard Desault as a superior man at his epoch, and as a forerunner. Besides, when one delves into the works of ancient authors surprises of this sort are frequent, and we have met many such in our investigation of phthisis. We might mention a few for your delectation.

We will now look at the evolution of parasitism up to the present period of time.

Towards the end of the eighteenth century the Academy of Copenhagen proposed a prize for the solution of the following questions: Whether the germs of intestinal worms are created in the bodies of animals or enter it from the outside. This prize was gained by Bloch and Goeze; we do not know the sense of the conclusion, but mention this fact to show how much that question was the order of the day; in fact, the fashion was towards verminous epidemics.

Lazare Riviere ("Opera med.," Lugdini, 1663 et 1738) had already stated that worms occasioned an intense and irregular fever. Hoffmann had repeated that they gave rise to the slow putrid fevers, similar to the quotidian, but without regular type. Forestus had reported that in 1545 a pestilential fever carried off the youngest and most vigorous persons in Savoy and some portions of France. During the course of this affection the patients vomited large quantities of living worms, that often threatened them with suffocation ("Opera omnia Rothomagi," 1653, tome i, p. 196).

Theophile Bonnet, in his "Sepulchretum" (livre iv, section lvii), says that in 1675 an epidemic fever carried off more than six hundred persons at Bourg en Breve. All cases were recognized as having worms, and from then

on the malady was cured by remedies that killed these parasites. Ramazzini recognizes the pernicious existence of worms in his history of "Epidemic Constitutions of 1689." These authors regarded these rather as injurious complications; it was only in the eighteenth century that the causal rôle was attributed to them. This prejudice prevailed in France, Germany, Italy and also in Holland.

Pedratti ("Morgagni," epist. xxi, ch. 43) describes a pleurisy and verminous pleuro-pneumonia at Farnesi in 1705).

Bouillet, in 1730, pointed out various verminous diseases prevailing at Beziers. The treatise of Moreali ("Des fievres malignes et Contagieuses produites par des vers," Modena, 1739) is an ancient book. Marteau de Granvilliers (*Journ. de med.*, viii, p. 134) gives the history of a putrid verminous fever, an epidemic observed by Ham in Picardy, in 1756.

Sogar (Syst. morb., vol. ii, p. 427) claims to have seen a verminous fever outbreak in Moravia. Lepecq de la Cloture describes a verminous epidemic in Normandy ("Intr. a l'art d'observer apres les principes d'Hippocrate," p. 271). Verbuch describes a putrid verminous fever ("De Syncho putrida huyus et elapsi ann vermibus stipata," Prague, 1758). Bounevault gives an observation of a verminous putrid fever, an epidemic that afflicted the village of Arbois (town so dear to Pasteur) during 1766. Dessessartz, in 1811 ("Recueil de discours," Paris), describes a variety of symptoms, even a verminous gastritis, in those villages.

There were De Haen, Musgrave (1776), Butter and E. Wichmann (1802) who declared against the reality of verminous fevers. Some believed the worms or germs were engendered in the body, but the majority considered them as arising from eggs; meantime, for infusoria was spontaneous generation, that rallied around it the greater majority of authors. Some even went further; thus, Marsigli, of Bologna ("Dissertatio de generatione fungorum," Rome, 1714), declared that mushrooms arose from putrescent par-

ticles, and that heat detached bodies inclined to rottenness. La Mettrie ("Reflexions philos. sur l'orig. des animaux," 1750) went so far as to prove that the earth could produce these animals.

It was at this period that panspermia gave its most beautiful combats between Needham and Buffon, with Bouguet, Spallanzani, Sennelier, Ramsey and Charles Bonnet.

Bourget ("Lettres philosophiques," Amsterdam, 1729, p. 20) says: "There is no longer reason for supposing that these organized bodies may be furnished by the concurrence of non-organized particles, nor that they may be the result of mechanical assemblage of already organized particles, like the hexagons of the nitre crystals, that have an infinity of small triangles. This is why it is necessary to attribute to germs the idea of a divine predelineation, as Leibnitz calls it."

Sennelier, in his introduction to the works of Spallanzani (Paris, 1787), notes that the experiments of that observer show that the germs of animalcules are contained in the air, that they fall from the air into vases, in infusions, and develop therein when such infusions are suitable to develop them; it leads us to presume that when the air enters the lungs it must leave therein a great quantity of germs; that the serosity of pus, the scabs of itch and of smallpox are nothing else than animal infusions favorizing the development of some of the germs floating in the air, and that such must be found in all purulent eruptions.

This is not the time to discuss the struggle between Spallanzani and Needham, that recalls that of a later period between Pasteur and Pouchet, Joly and Mussett. We shall not develop either the fitting in of germs of Charles Bonnet. The majority of physicians and naturalists remained spontaneousists or believed in spontaneous generation, and it was the same in the first half of the nineteenth century, despite such panspermists as Gervais, Schwann, Schultze and Eremberg, who blazed the road and methods to be followed by Pasteur.

Parasitism continued to have its partisans to the end of the eighteenth century, and even to the beginning of the nineteenth century.

Bianci ("De nat. in hum. corp. ritiosa morbisque generat. hist. Augustæ Taurinorum," 1749) says we may figure the causes of epidemic maladies as due to multitudes of invisible insects that are carried by the winds through our atmosphere. These swarms are transported here and there. Thus epidemic animalcules are thrown upon men.

Iman Jacques Van der Bosch was one of the most ardent in attributing all maladies to intestinal worms ("Historia constit. epid. verminosæ," 1769). Boutekoe also attributed smallpox to worms. Pierre Brasdor (Acad. Roy. des Sc., tome viii) observed a large number of sick dogs, all of which had a worm of a particular sort in the nasal fossa, so that later, in the *Journal de Medecine* (1776), in telling of an epizootic, he thought it might have been due to worms in the nasal fossæ of sick cattle.

Goldhagen (Jean Frederic Gottlieb) attributed rumination to the presence of worms ("Diss. resp. el akord de ruminatione humana," Halle, 1783). This recalls the fact that Duchauz attributed digestion to the presence of microbes.

According to Linneus, who admits the parasitic theory, the paroxysms of disease are attributed to epochs at which insects go to feeding grounds, where they live and multiply. (This reminds us of Laveran and his paludism.) The eggs of these insects may remain in multitudes without development, up to such a time as they have occasion to hatch out. Nysander, a pupil of Linneus, in a thesis having for its title "*Exanthemata Viva*," (in "*Amœnitas Academiæ*," tome v, 1757) proudly proclaims that the infinitely small, the acari, are the immediate cause of all the ills that afflict humanity.

Frederic Auguste Treutler ("Obs. pathol. anatom. auctarium ad helminthologiam humani corporis continentes," Leipzig, 1793) found intestinal worms in the cellules of the choroid

plexus, in the tracheo-arterial glands, and in the tissues of the ovary.

A. Modeer ("Mem. de l'Acad. de Suede," 1795) made very interesting observations on a tropical worm. Charles Mathaei attributed an epidemic of dysentery to injurious principles spread throughout the atmosphere ("Sur la dysenterie epid," Hanover, 1797). In 1813 the pharmacist Astier determined that the air is the vehicle for all species of germs, that originate from ferments and are the essence of living animal beings.

For Bichat a triple door was open to the principal morbid germs, substances foreign to the principal constituents of natural air and foods, to-wit, the digestive tube, skin and lungs, without speaking of accidental wounds.

Nylander claimed that smallpox, measles, plague, dysentery and whooping-cough were all caused by microscopic animals. Holland thought the epidemic of carbuncles that invaded England had its origin outside the organism—for instance, in a virus or some form of organic life. Olfers, in 1815, was the first to speak of parasitism, of vegetation on animals. Henle, in 1840, affirmed that the material element of all contagious affections is not only of an organic nature, but that it is a material endowed with all the characteristics of parasite life. Schoesbein, Gruber, Remak, Meisner and Virchow found vegetations in certain skin diseases, and incidentally adopted the parasitic idea.

Before speaking of Raspail and his rôle, it is well to know what the notions regarding entozoa were at that epoch. The "*Compendium de Medicine*" informs us regarding that. Pallas, Reinlein and Breva said that the worms came from without; that the germs from which entozoa arise fall from the air or come from the water, thus entering the bodies of animals through the atmosphere or through the intermediary of foods and drinks. According to Rudolphi and Bremser, they are primitively formed in the bodies of animals. Bellingham and Kirby believed in spontaneous generation. We see that the question was far from being settled

then. In 1830 Burdach was likewise a spontaneist. It was in 1842 when Steenstrup conceived his theory of alternating generations; then we commenced to see the generating act more clearly. The parasitism of vegetables was especially studied by Tulasne in 1847, afterward by DeBary.

It has been said that Raspail was the forerunner of Pasteur. Nothing is more false; his system was stupid and never went out of the commonplace of the majority of authors of the eighteenth century; he never had anything like the value of Linneus, Marten and Desault. He reported all his parasites as known species, acari, flesh-worms, etc., and described a phantasmagoria of diseases, a nosography based upon those principles without any scientific ideas.

Let us quote a few passages: "The helminths are gnawing worms rather than living animals; they die and decompose at the same time as their prey, or as their prey undergoes decomposition; the vampire escapes thus by the issue that is left open for him. This is why anatomy no more uses them in its works, and finishes by attributing their ravages to entities that urge the imagination."

We might well ask here, on whose part is all this imagination?

He goes on: "I do not know of an epidemic of bilious or intestinal fevers where they are not observed by the thousands—a multitude of worms that to our eyes were the only single cause." Here he resumes the idea of a verminous fever, confounding a coincidence with a cause.

Again: "All diseases of the skin do not come from the acarus, but those that arise from the latter cause often complicate fevers and internal maladies by the insects invading the respiratory and intestinal passages (peri-pneumonia, phthisis, gastritis and diarrhea); or in the nasal cavities (catarrh, adenoid symptoms or purulent otitis); in the nasal canal and on the conjunctiva) lachrymal fistulas, conjunctivitis, blepharitis, etc.). We say, then, in the barbarous language of the Galenical school, that diseases of the skin are repercussed to the interior."

What shall we think of such barbarous pathology? The idea of Raspail enjoyed great vogue among the people in the extra-medical world; they perfected his idea and attributed all diseases to unknown microscopic animals. This idea floated in the air, and Pasteur, *who was not a physician*, easily handled it. Perhaps he still heard the echoes of the verminous epidemic of Arbois, his native place. It is said that Jules Simon willingly told that, being at the normal school, he one day remarked to Pasteur that the day would come when it would be proved that disease is the effect of microscopic animals. We give this story for what it is worth.

Let us hope this study, already too long perhaps, will sum up the history of parasitism, and show the medical world at the same time that "*there is nothing new under the sun.*"

GYNECOLOGICAL HINTS. — Erosions of the os uteri or granular os are a quite common condition and yield rapidly to appropriate treatment. After cleansing the vagina and cervix a strong solution of sulphate of copper, nitrate of silver or some caustic acid should be applied, and after the surface has been again cleansed a Micajah's Medicated Uterine Wafer is to be inserted in order to keep the parts in an antiseptic condition and to promote healing. Curretting is sometimes necessary.

The addition of antiseptic and astringent drugs to the vaginal douches is of questionable advantage. The main object of the irrigation is to cleanse the mucous membrane, and this can be much better attained by rendering the fluid slightly alkaline. After the irrigation the desired astringent and antiseptic effect can be efficiently secured by the insertion of a Micajah's Medicated Uterine Wafer.

No greater error can be committed in gynecological practice than to underestimate the importance of a vaginitis. These cases are usually of gonorrheal origin and if not vigorously treated the infection is very liable to spread upward. To prevent this extension the vagina should be flushed out several times daily with copious amounts of hot water, and this followed by an astringent and antiseptic application, such as Micajah's Medicated Uterine Wafers, which on account of their gradual solution exert a prolonged effect upon the diseased mucous membrane.

Book Reviews.

Transactions of the American Otological Society. Thirty-second annual meeting. New London, Conn., July 18, 1899. Vol. VII, Part II. Published by the Society. Mercury Publishing Co., printers, New Bedford, Mass.

These transactions, as usual, contain the best and latest work of many of the leaders of their particular specialty. The work this year has been mostly in the line of mastoid disease, with attending complications. The most important contribution is by Blake, of Boston, who reports and tabulates thirty-two mastoid operations in which the blood clot was allowed to take the place of the usual gauze packing. M. A. B.

Treatise on Orthopedic Surgery. By EDWARD H. BRADFORD, M.D., Surgeon to the Children's Hospital and to the Samaritan Hospital, Assistant Professor of Orthopedic Surgery, Harvard Medical School; and ROBERT W. LOVETT, M.D., Assistant Surgeon to the Children's Hospital, Surgeon to the Infants' Hospital. Illustrated with 621 engravings. Second revised edition. New York: William Wood & Co., 1899.

A more complete work in this particular line it has never been our pleasure to have met. It is practically an encyclopedia of orthopedic surgery. It has manifestly been the purpose of the authors to teach by illustrations to a great extent, and, in addition to pictures illustrating their own numerous and interesting cases, they have drawn freely from the various volumes of the transactions of the American Orthopedic Association. The result has been to produce a galaxy of orthopedic cripples covering every phase of the subject. None of the different diseases in the text have been slighted, but worthy of particular mention are the chapters on hip-joint disease and the deformities of the foot. Differential diagnosis has been given as important a place as if the writers were dealing with internal medicine. To instance again hip-joint disease, the following distinctions are made: Lumbar Pott's disease, synovitis of the hip, infantile paralysis, congenital disloca-

tion, hysterical affections, periarticular affections, and in each the distinctive points are carefully drawn. It is probably in the line of treatment that the book principally excels. Mechanical devices that have borne the test of time as well as the newest apparatus are discussed fully as regards their application and relative value. In a word, to any one pretending to do surgery it is a valuable acquisition, while to the orthopedist it is a necessity. M. A. B.

Archives of Neurology and Psychopathology.

The following papers have been arranged for publication in Nos. 3 and 4 of Vol. II:

Clinical Studies in Epilepsy. By L. Pierce Clark: (I) Exhaustion-Paralysis in Epilepsy (with text-figures and five plates); (II) Paramyoclonus Multiplex Associated with Epilepsy (with text-figures and two plates); (III) Hypertrophic Infantile Cerebral Palsy and Phocomelus Associated with Epilepsy (with three plates).

On the Absorption of Proteids. By P. A. Levene and I. Levin.

Embryochemical Studies. By P. A. Levene: (I) Some Chemical Changes in the Developing Egg.

The Sequence of Changes in the Optic Chiasm Produced in Acromegalia, as Exemplified by Three Cases (one plate). By Ward A. Holden.

On the Evidence of the Golgi Methods for the Theory of Neuron Retraction (preliminary communication). By Richard Weil and Robert Frank.

On the Significance of the Neuron Metaplasma Granules. By Ira Van Gieson.

Experimental Researches on the Central Localization of the Sympathetic, with a Critical Review of Its Anatomy and Physiology. By Bronislaw Onuf and Joseph Collins.

DR. EDWARD H. JENKINS, of the Connecticut Agricultural Experiment Station, states that the proportion of harmful adulterations of foods in this country is small and decidedly less than a few years ago. In his evidence before the committee on manufactures he exhibited samples of coffee berries made of clay, spices made of prune stones and cocoanut shells, mustard consisting chiefly of plaster-of-paris, jellies made of glucose, and olive oil which was 90 per cent. cotton-seed oil. — *Western Med. Review.*

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WHOLE VOLUME LXXXIII.

Original Articles.

VAGINAL SECTION.*

BY CHAUNCEY D. PALMER, M.D.,
CINCINNATI.

We all know the importance and the value of abdominal section, for the diagnosis and the surgical treatment of diseased conditions of the abdominal and pelvic viscera. We all appreciate how much less dangerous such means are than they formerly were—a change largely attributable to the utilization of the principles of modern listerism. But there still is, and always will be, a certain degree of danger, though small, connected with such a procedure. It appears worse than it really is.

Aside from all its possible risks, it is always objectionable, because of its remaining scar tissue, its tedious after-confinement, and its not infrequent after-hernias. Any method which is less dangerous, and less annoying (because of its after-effects), and which permits of the accomplishment of as much good, is worthy of our serious consideration. All the ordinary methods of exploration may be exhausted to differentiate certain pelvic lesions. The diagnosis must needs be cleared up. What is best? Few abdominal sections are made which do not reveal pathological entities more and different than were anticipated. Therefore, I desire to speak of vaginal section as a substitute, at times, for abdominal section, by way of diagnosis and treatment, for some certain morbid pelvic lesions.

Vaginal section implies a division of

the tissues of the vaginal vault, into the peritoneal cavity, anterior or posterior to the cervix uteri.

For manifest anatomical reasons, any lateral section of the vaginal vault is not to be entertained. The anterior section, less easy of execution than the posterior, most readily permits of a free entrance to the structures above. The posterior section, not only more easy and safe, ordinarily is the better for diagnosis and treatment. The intervening tissues, through which section is made, are thin, and contain few and unimportant blood-vessels. With a patient in the Sims' or Simon's posture, the uterus well drawn down and forwards, then steadied, an easy and free entrance (from one to one and a half inches long) can be made in a transverse direction posterior to this organ, into the Douglas fossa. The peritoneal cavity is thus well opened, so as to admit two fingers of the operator for exploration. A most favorable opportunity is afforded to accurately determine the size, the shape, the position and the condition of the uterine body, its outgrowths, as well as the presence and the kind of any periuterine disease. This section is largely done with the fingers, after free division of the vaginal mucosa with the scissors. Said opening may be enlarged by the scissors, the dilator, or the fingers; dilated further by some elevator, which pushes the uterus towards the symphysis pubis, so as to permit of an ocular inspection of the pelvic cavity above. Any residue of serum, pus or blood deposited in this, the most dependent portion of the peritoneal cavity, is evacuated. The bimanual method of exploration of the intrapelvic organs and tissues, so valuable that in the ordinary way it should never be neglected

* Read before the Academy of Medicine of Cincinnati, December 18, 1899.

for differentiation, can now be practiced with unusual facilities. With a patient in the Trendelenberg posture, the whole pelvic cavity can be touched and inspected. The uterus forcibly ante- or retroverted, the appendages can be drawn down into the vagina. Whatever loss of blood attends this minor surgical procedure is usually beneficial. Any peritoneal adhesions about the uterus and appendages are to be broken up. The lower peritoneal cavity (pelvis made lower than the chest) can be freely irrigated with hot (110° F.) sterilized salt water. Thorough drainage is secured by loose gauze packings. The line of incision is not stitched, but allowed to spontaneously close, after the gauze removal in a few days. Confinement in bed is about two to three weeks. Convalescence is painless.

Vaginal section has of late years been utilized so frequently in the hands of Landau, of Berlin, Pryor, of New York City, and Henrotin, of Chicago, that I beg to introduce this subject this evening. I have employed this method for diagnosis and treatment in numerous cases in recent years, and with perfect safety and much satisfaction.

It occurs to me that it may be utilized under the following circumstances and conditions:

When we consider the source of infection, the route of extension, the *modus operandi* of the progress, and the ultimate results of periuterine inflammations, we can appreciate the indications for vaginal section in many cases. The endometrial fountain source of contamination, with the tubal extension and ovarian invasion, prompts us to eradicate, as best we can, the first start of the disease. Remove the septic irritation *in utero* in its incipiency. Hence, a thorough sharp curettage of the uterus is first to be done. Possibly, this may be all sufficient, if done well and reasonably early; but never is it adequate after an untrammelled inroad of septic or specific inflammation has been made on the integrity of the living tissues. A partially fixed, immobile uterus, with exquisite points of tenderness, in lumps around about, with men-

strual disorders, with an ever-constant pain within the pelvis, will not completely yield to so simple treatment. Abdominal section, followed by a partial or complete salpingo-oöphorectomy, has been our usual, rather frequent method of procedure under such circumstances. But is it always necessary? May not this treatment, just referred to, meet many indications at times, and may it not with perfect safety leave these important organs practically undisturbed? Such treatment, if successful, is eminently conservative—the true aim and the future progress of modern rational surgery.

Old chronic peritoneal exudates with adhesions, with periuterine lumps the size of an English walnut or smaller, not recent, always more or less painful to touch and locomotion, when not too high situated, may, in my experience, undergo resolution by an appropriate vaginal section. The pelvic exudate is penetrated by the scissors, adhesions are broken up with the finger, irrigation is made, and drainage established—provided, of course, unsatisfactory results have attended constitutional and local medical treatment. It is my impression that not only may the tubal disease be *stayed*, but *materially abated* by this step.

Most pelvic abscesses are best treated by the recognized vaginal section, if the appendages do not require excision and removal; then the abdominal affords a better route, because therein the exact pathological conditions can be better noted, and appropriate treatment followed. Not a few cases of pelvic abscess are multiple, and are best managed from above. The rectum is a bad place for purulent evacuation. If the vaginal route gives a free exit, as is usual, it is the most favorable channel for drainage, irrigation and all after-treatment.

Some cases of ectopic gestation, in the earlier months (second and third), present such manifest evidences of a growing mischief within the true pelvis—bulging, it may be, well on to the vaginal vault—that then the most rational method and route of removal of the offending mass is section per va-

ginam. Not all cases are so situated, but when so placed, a section to within its bulk, an evacuation of its contents, and a sterilized packing, assure a complete recovery.

Section in this way is equally applicable to cases of ectopic gestation, *after* as well as *before*, sac rupture. No doubt, in some cases, it is to be preferred to the abdominal, because of less shock incurred.

Prolapsus of the ovary (generally the left) is a result, secondary to chronic inflammation of some kind, or degenerate changes of its structures. Oftentimes a localized peritonitis comes on sooner or later, and we then have one of the most painful and depressing pelvic diseases. Vaginal section, followed by a complete removal of the tender, irritable organ, affords a more rational channel for relief than the abdominal. An associated or primary salpingitis may be attacked in the same way and at the same time.

Retroversion with retroflexion can usually be corrected by attention to anterior conditions, and to posture, dress, the alimentary canal, the use of suitable tampons, or pessary, so that no surgical operation of any kind need be seriously considered. Such relief implies that no periuterine adhesions have formed to fix the displaced organ in this faulty position. But every once in the while a case of retroversion and flexion is encountered, in which it is impossible, without some peritoneal section, to replace the displaced uterus. Cannot the vaginal section enable us to break up the posterior adhesions, thoroughly replace the uterus, and retain it *in situ* by suitable aseptic gauze packings? The uterus is not tacked to any structures, and no ligaments thereof are shortened.

It would appear to be especially adapted to cases of posterior uterine displacements, as are fixed by adhesions, associated with ovarian prolapse. Should this displaced ovary be seriously hyperplastic, cirrhotic, cystic, or suppurating, now is the opportunity to deal surgically with it. At any rate, no inconsiderable amount of inflammatory material, at the bottom of the

peritoneal cavity, is eliminated by this section. No longer need the uterus be left in its awkward and troublesome position.

Vaginal fixation is far inferior to ventral, for all retroversions.

The extent to which this surgical operation may be carried is a matter of some dispute. Like any gynecological surgical treatment, it may be overdone. Unquestionably it has its place for good in the management of not a few cases of periuterine diseases, and this is a most useful one. It cannot, of course, supersede all abdominal sections, either for diagnosis or for treatment, in gynecic practice. That it may obviate the necessity for some such, my experience clearly demonstrates.

Certain critically low states of the system from pelvic disease, forbidding the abdominal, may be benefited by the vaginal section.

The abdominal may be done, if deemed best, at the same sitting as the vaginal, or postponed until some other occasion, in doubtful cases.

Failure to give relief by this method does not preclude the more serious section in the future.

Well-defined cases of pyosalpinx; ovarian abscess; all pronounced ovarian cysts of whatever kind or size; fibroid tumors of the body of the uterus, intramural in kind and of good size; likewise all cases of seriously diseased uterine appendages, and cases for shortening of the round ligaments for retroversion, are best managed by an upper and larger incision. Success, we all know, depends at times on a clear inspection and a free manipulation. The abdominal section, of all routes, renders the uterus and its adnexa most accessible.

This operation is almost wholly unattended with any danger, if done aseptically. The vagina, not so easy of sterilization as is the integument of the body, requires special attention in this direction.

It is true that the intestines may be injured, or they may descend through the incision into the vagina. Posture, with pelvic elevation and gauze packing, prevent any serious ill-results.

The wounding of the ureters, or the division of the uterine arteries, need not occur with ordinary care.

Vaginal section, anterior, posterior, or both, are preliminary steps to complete hysterectomy. Thus far, indeed, may the operation be carried at any sitting, if local conditions of the uterus, so justifying, are confronted.

One or both appendages may be removed by this vaginal section, but such an execution implies the widest safe incision, made posteriorly, or a free anterior section; and a complete ante- or retroversion of the uterus, the delivery of the adnexa, before any ligation of the ovarian arteries is attempted.

Attention is always to be directed to the adjoining uterus, for which unusual opportunities are afforded. Sharp curettage of the uterus invariably precedes, and practically becomes a part of the whole operation, if there is naught more than the preliminary and accompanying endometritis. Further metritic complications, as hyperplasia, sclerosis, abscess, interstitial fibroid infiltrations, may make it best to remove this offending organ. The inference, however, ought not to be made that the uterus is a useless organ in the pelvis, when both of the ovaries and tubes have been extirpated.

Much conservative, and some radical, surgical treatment can equally well, and ought to, be done by the vaginal route. It is a means for exploration more wide in its application than would first appear. Its field of utility may extend as it is further utilized.

In conclusion, allow me to offer the suggestion that in all cases of a proposed abdominal section, for female pelvic diseases, ask whether the vaginal method will not answer.

Avondale.

[For discussion see p. 51.]

FIVE drops of the tincture of lobelia in two ounces of water, a half teaspoonful every ten minutes, given warm, will cure many cases of infantile colic from whatever cause; will soothe nervous irritation and induce sleep.—*Med. Summary.*

MY EXPERIENCE WITH ECTOPIC GESTATION.*

BY THOS. M. WRIGHT, M.D.,
TROY, O.

In selecting this subject I do not presume to offer anything new, but to record my experience with ectopic gestation. I have seen three cases, one of which was kindly shown me by my friend Dr. Senour; the other two were in my own practice.

CASE I.

On June 22, 1893, I was called by Dr. Senour to see Mrs. S., who had gone over her time for menstruation a few weeks, but was now having some show of menstruation in an irregular way, and on two previous occasions within the last few days had suffered severe cramping pains in the lower part of the abdomen, not unlike cramp colic. These attacks of pain were accompanied with more general depression than is usual in colic. When I first saw the case, about 8:30 P.M., the pulse was 120, very small and weak; there was a look of collapse on the face of the patient, and the body bathed in cold perspiration. The pain had been relieved by a hypodermic injection of morphia. Examination of the pelvic organs revealed some fullness in the left iliac fossa, but no resistance; some tenderness, and in the vagina a fetid, bloody mucous discharge. There was a history of some stringy membranous discharge. The odor was very similar to that of a decomposing after-birth. Further counsel was called, and it was decided to postpone any operative procedure until morning, owing to the collapsed condition of the patient. In the morning the patient had rallied somewhat, but there was some doubt as to a positive diagnosis, and it was determined to curette the uterus and watch the further development of the case. There were some shreds and membranous *débris* removed, but no special benefit was derived from the curetting. The case rallied for a few

* Read before the Miami County Medical Society November 2, 1899.

days. There were no more attacks of collapse, but a firm mass gradually, in three or four days, appeared to the left of the median line. In the course of a few weeks Dr. Hall, of Cincinnati, was called to see the case, and at once pronounced it hemorrhage, with all probability of a ruptured tubal pregnancy. The operation established the fact of a ruptured tube with a large mass of blood, secundines and semi-organized tissue—nature's effort to limit the spread of the blood and septic matter to a small space. This patient made a slow but finally a good recovery.

CASE II.

Mrs. S., aged twenty-eight, mother of one child five years old, had history of some ovarian and womb trouble, indefinite; called me on the evening of the 4th of May, 1897, for a severe pain in the lower part of the abdomen. The pulse was rather rapid and hard, being over 100. There was some sense of prostration, but not severe. Patient had passed the menstrual period about two weeks. There was some slight show of menstruation, with a fetid odor to the discharges. I put the patient to bed and reserved my diagnosis. The next day the patient was told of the probability of a tubal pregnancy, and ordered to keep quiet in bed until all pain and tenderness had passed away. She remained in bed a few days, when she again resumed her household duties, but before the end of the first day the pain returned more severely. Examination revealed tenderness on right side, with slight fullness in right iliac fossa, but no firm resistance. She remained in bed until the 22nd of the month, when she again resumed her household duties, but before night there was a recurrence of the pain in the lower right side of abdomen, with marked symptoms of internal hemorrhage and collapse. There was then no doubt of the nature of the case, and the operation was set for the 26th. At that time a large mass could be felt rising up from the right iliac fossa toward the median line of the abdomen, and a tolerably firm mass could be felt in the right iliac fossa per vaginam. On opening

the abdomen a large quantity of clotted blood immediately began to flow out, and at once established the diagnosis. The right tube was found immensely enlarged, ruptured, and the secundines in position, but no fetus was found. The patient made an uninterrupted recovery.

CASE III.

Mrs. P., aged twenty-eight, one child ten years old, had suffered with pains in the pelvis and poor digestion for a number of years. Was called hastily on the evening of August 10 to see her at a near neighbor's. She was suffering intense pain in the lower part of the abdomen. There was marked collapse in appearance, but the pulse did not indicate the loss of any blood, and in a few minutes, after a hypodermic injection of morphia, she was able to get into my buggy and ride to her home. On that occasion the existence of tubal pregnancy was not suspected; although the menstrual period had not been natural, it had not been entirely missed. Her stomach was giving her a great deal of trouble at that time, and she remained most of the time in bed for about one week, when she began to be about the house again. On the 25th of August I was summoned again to see her, and found her in collapse, pulse 130, excruciating pain in lower part of abdomen, blanched cheeks, cold perspiration. Morphia, strychnia and nitroglycerin gradually relieved the collapsed condition, but the patient remained prostrated and exhausted for several days. The slight menstrual flow that had been showing all the time continued to appear, and had a strong odor of decomposition. The third day after the severe seizure there began to appear a well-defined mass rising up from the right iliac fossa, pushing its way toward the surface and the median line. The soft fullness apparent in the pelvis now became more firm and distinct. On the 2nd of September I operated. We found a large mass of blood in the abdomen and a fetus of about eight weeks' existence. The patient made an uninterrupted recovery.

I was ably assisted in the above operation by Dr. W. R. Thompson and Dr. J. G. Senour.

There are several lessons which we draw from these cases. The first is that it makes very little difference how thoroughly we may be read up on any case or disease, the first time we meet one of that class of cases there is going to be a good deal of doubt and hesitancy about taking very decided active measures while the patient is showing some sign of recovery. Again, authorities leave out just enough of the important symptoms to make you doubt your diagnosis until you have had experience of your own. Again, one of the very prominent symptoms, and one calculated to mislead the inexperienced, is not spoken of at all in any of the authorities at my command, namely, the odor of decomposition that accompanies the vaginal discharges. This makes one think of a miscarriage with retained placenta. Again, authorities speak of the clot of blood making it so prominent as though it were present from the start as a diagnostic symptom, but it is forty-eight to seventy-two hours before any distinct mass can be defined. To be sure, there is a sense of fullness and very slight resistance, but not enough to say with certainty that it is a clot of blood present.

These cases were prepared for the operation by thoroughly cleaning out the bowels for twenty-four hours before operation. A thorough bath the night before was given, and the abdomen cleansed and pubes shaved the night before. Every antiseptic precaution was taken, and the results showed that a fair degree of cleanliness had been observed. A small stitch-abscess occurred in my second case two weeks after the operation, induced, I believe, by a hard spell of coughing, which strained one of the plasters loose.

TAKE five parts camphorated chloral, thirty parts glycerin, and ten parts of the oil of almonds, saturate a piece of cotton with this and apply into a painful ear and it will cure as if by magic.
—*Med. Summary.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of December 18, 1899.

THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D, SECRETARY.

Specimens of Appendices.

DR. EDWIN RICKETTS: A little over two weeks ago, on Sunday, December 3, I was called upon to go over in Kentucky, back of Maysville, to see a boy, twelve years of age (a patient of Dr. Corliss), who was suffering with his third attack of appendicitis. During the twelve hours previous to my seeing the boy his pain had been so great as to necessitate giving morphine hypodermatically. The doctor told me that during the two previous attacks he had suffered considerable pain in the region of the appendix. Vomiting was present in both attacks, and a great deal of trouble was experienced in getting the bowels to move. The abdomen was opened and a rather peculiar condition of things was found. The appendix was flexed upon itself and lay down on the inner side of the intestine. About a teaspoonful of pus was found here. Lower down I found a second pocket of pus. That portion of the omentum covering the appendix was in such a condition that it had to be tied and cut away. The wound was drained for twenty-four hours by packing and repacking the wound with carbolated gauze. The patient is getting along nicely.

On the following Monday I was called to see a woman at Huntington, a patient of Dr. Enslow, thirty-two years of age, married, the mother of one child twelve years of age. She had never been pregnant since. For two years she had suffered from pelvic pain. On examination I found her ovaries and tubes prolapsed and firmly adhered in the pouch of Douglas. These were removed, and, as is always my rule before closing the abdomen, I examined the vermiform appendix, and

there I found an interesting condition, and had I not removed it she would have been in about as bad condition as was caused by her other troubles.

This makes seventy-seven operations for appendicitis in private practice which I have done, and this is the only one in which I have seen fig-seeds in the fecal concretions. This patient is doing well.

DR. C. D. PALMER read a paper (see p. 45) entitled

Vaginal Section.

DISCUSSION.

DR. J. M. WITHROW: I would like to say a few words concerning the paper just read. I had the rare opportunity this past summer of attending the International Congress of Gynecologists at Amsterdam, where the question which has just been presented and the operative methods of attacking pelvic diseases through the vagina and abdomen were battled over to and fro, and pro and con, in almost every language. As is perfectly well known, especially by those who are interested in the subject, the French and German gynecologists stand as the exponents of the vaginal route for the attack of almost any kind of pathological pelvic condition.

It was also my good fortune to attend during two months of the past summer the clinic in Berlin of the gentleman just referred to in the paper. I saw there vaginal hysterectomies done many times daily. I also saw some laparotomies done, and after seeing both I realized why that distinguished teacher, author and operator follows the vaginal route. The technique of making abdominal section as practiced among the Germans, as far as my observation went, is the very best reason in the world why they should follow the vaginal method of investigation and treatment. The employment of the vaginal route for treating pelvic conditions is scarcely limited to anything that comes within the practice of the gynecologist of Germany. It is only in very large tumors of the ovaries or uterus that the abdominal route is followed. I saw tumors larger than my head withdrawn

per vaginam piecemeal by surgeons, upon whose devoted forehead stood drops of perspiration of large size, and when the operation was over his hands were very much blistered. The patients were taken from the operating room alive, but further than this deponent saith not. If they did not die their immunity from death after that variety of treatment is far greater than that found in our patients.

The gentleman who has just read the paper laid down lines for determining the route to be followed in attacking pelvic conditions. He, for instance, limits the method of vaginal attack to conditions which are below the pelvic brim, and which are known not to be cases of pyosalpinx or ovarian abscess high up. Many gynecologists do not limit the operations to these conditions at all. Landau, to whom the paper refers, without any exception whatever, attacks every case of pus in the pelvis per vaginam. In operations on the uterus and appendages the cervix is grasped with powerful volsella and the uterus split and the pieces pulled out. This is done very quickly. In the use of this means of operating the strain brought to bear upon the broad ligaments often induces a great amount of tearing of the peritoneum; nevertheless, the uterus does come down. After this the angiotribe, an instrument with a pressure capacity of twenty hundred pounds, is applied on the broad ligaments on each side, which are crushed and the uterine halves clipped off instantly. This angiotribe, broad-ligament crusher, or enormous clamp, whichever you wish to call it, is left *in situ* for five minutes, after which, according to all their reported cases, there is no hemorrhage. I saw this operation performed a great many times, and I never saw a case put to bed without clamps. In one case which I recall there were ten clamps applied. I was not able in most of the cases to see whether the hemorrhage which ensued came from these crushed stumps in all cases, but in a few cases I know that it did. The speed and dexterity of these operators is marvelous. As to the results which are ulti-

mately obtained I am unable to say. There were a few cases in Landau's clinic which I was able to follow for a week or two, and they made the most marvellous recoveries; I think with but one exception they all recovered. They do this operation about as well as anybody on the face of the earth can do it. They do not do laparotomies as well as they are done here. Therefore, you can readily see why they are disciples and apostles of the vaginal route.

In reference to this vaginal method of treatment, I think that there is no doubt in the profession to-day that vaginal section is a proper method of treatment. In cases of multiple abscess, for instance, where the patient has been very much depleted in strength by the septic process, there is no question as to the great advantage of vaginal section as a means of evacuating the pus, and in this way preparing the patient for the more radical operation for her relief. In any case where there are great intestinal adhesions (and where the mass rises up above the pelvic brim it is highly probable that intestinal adhesions exist); a case of this kind cannot be treated thoroughly through the vagina. If it is a mild case of abscess low down, without adhesions, vaginal section is unquestionably available and useful, and often will be sufficient.

A word or two on the subject of retroversion and retroflexion. I had an opportunity of making such dissections and operations as I desired upon twenty-five cadavers during the past summer. In every one of these subjects except two I found the uterus in a state of retroversion, which accounts for the great difference which has always existed between the gynecologist and the anatomist as to the normal position of the uterus. How much of this position was due to the dorsal position of the subject I am unable to say. Clinical experience has brought me gradually to feel for the most part that retroversions or retroflexions *per se*, without either adhesions or disease of the uterus or ovaries, do not require any treatment. There are many instances in which we find these positions associated with other

conditions. We find them accidentally at times in cases where they have caused no trouble whatsoever, so that I am in doubt as to the symptomatology of uncomplicated retroversion and retroflexion. I believe in those cases in which we are clear about the retroversion or retroflexion the symptoms are due to some disease of the ovary. Therefore, in the operation which is directed towards the correction of the position of the uterus, we must have in mind the correction of any trouble with the ovaries or their adnexa.

In reference to the operation for the fixation of the uterus to the vagina, although it is being practiced largely by those abroad, nevertheless it has many opponents. The difficulties which follow its use in subsequent parturition are so great that one by one the operators are beginning to give it up, and it seems to me that ventral fixation is gradually going the same route. Two or three times lately I have had an opportunity of investigating abdomens in which a ventral fixation has been made. In two or three cases the uterus was still attached to the abdominal wall by a string, which was not available for the purpose of support. Abroad they are not only in the habit of making vaginal section and vaginal fixation, but they are in the habit of making vaginal section anteriorly and posteriorly and then carrying a strip of gauze around the uterus, allowing it to granulate and drawing it out in front as a means of curing retroversion.

It seems to me that vaginal section will gradually grow into greater importance than it has in the past. I am quite convinced that the wisest and best way to attack bad pelvic conditions is from above, and in these cases this method can never be superseded by any form of vaginal section.

DR. J. AMBROSE JOHNSTON: I am very glad that this subject has been brought up, for I have had a little experience with vaginal section this week. It is not what I thought it was, nor what it is cracked up to be. I saw the patient last week. She had a prolapsed left ovary and it was pretty well down in Douglas' cul-de-sac. I thought to

myself that this was going to be a very easy ovary to remove. I had not thought much about the size of the vagina, but when I came to operate I found that it was rather small, and as it would not relax very much I had a very little space in which to do the work. After pulling the ovary down for a considerable distance I had difficulty in tying it up as high as I wished. Then when it came to cutting off the ovary it was difficult to tell just how far the ligature was above the point at which I wished to cut. As I said, it was a crowded place in which to work. After cutting off the ovary and allowing the parts to slip back I could not tell whether I had a good pedicle or not, and I made up my mind then if I ever removed another prolapsed ovary I would remove it from above, simply because by this means I could control any hemorrhage which might arise and perform an aseptic operation. With the present method of closing up abdominal wounds with cat-gut (which you can be sure you have made sterile) there is no danger of having a hernia, and if you need any drainage you can very easily make a puncture from above downwards into the vagina. There are some cases, however, in which I think it would be well to operate from below, especially where you find large pus sacs, and possibly some cases of ectopic gestation. All large pus sacs can readily be opened from below and evacuated, and then, if necessary, you can attack them from above and remove the sac without very much danger of filling the abdominal cavity with pus. In cases of ectopic gestation, where the hemorrhage has occurred from one to three weeks prior to the operation, you may be sure that there will not be very much hemorrhage, and if the sac is pressing down against the vagina you can open it and drain at that point, get out the clots, etc., and there will be very little danger from hemorrhage.

If, however, you feel the least bit anxious about hemorrhage, I would certainly advise making an incision above, for by this means you can keep your eye on the whole field of operation.

Last week I saw an Eclectic surgeon trying to remove a fibroid tumor of good size per vaginam, but after working for some time in this manner he gave it up and went at it from above.

I have thought that vaginal section might be a good thing in rupture of the intestine in typhoid fever. As the rupture usually occurs in the ileum, gauze could be placed in the vicinity of the rupture for drainage per vaginam and the operation would be comparatively easy. A typhoid patient, at least one not extremely exhausted, could stand an operation of this kind, whereas an operation through the abdominal walls would invariably result fatally.

DR. EDWIN RICKETTS: Dr. Palmer has specified the cases in which he thinks the abdominal route is to be preferred. Like the first speaker, I wish to say that I think this method has a very limited application. There is a great deal that has been said upon the treatment per vaginam, and a good deal of reference made to the French and German surgeons. I simply want to call attention to the fact that no less a man than Jacobs, of Brussels, after a visit to this country, returned home and promptly gave up all of his previous methods and resorted to what we term the American method.

In one of the cases presented to-night a diagnosis of ovarian cyst was made, and it turned out to be a postperitoneal cyst. Now suppose in this case the vaginal route had been followed, what would have been the result? It is along the line of complications which may arise if the vaginal route is resorted to that I wish to speak. Take a case of this kind, where a mistake in diagnosis was made. If this cyst had been attacked per vaginam there would probably have been a death, unless the abdomen had been opened in connection with the vagina. In the case of prolapsed ovaries and tubes, which I just reported, suppose I had attacked this per vaginam? I did not know that the appendicitis existed, and by making an abdominal operation I soon found this out, a thing which would have been impossible by the vaginal route. In the abdominal route you see and feel

everything, while in the vaginal you can see but little, and we cannot meet the emergencies which may arise if we take this route. I wish to say here that this means of operating has been given up by many of our foreign brethren, but we will have a wave of vaginal-routeism all over this country, and we will give it up. It is simply ridiculous; it is like Apostoli with his "electrocutionary pelvic surgery"—it is a thing of the past. As I said, we are going to have a wave of this vaginal route method, and in many cases the abdomen will have to be opened to complete the operation. I think that it is the duty of the operating surgeon to use the method by which we can work the best and most expeditiously, and at the same time give his patient the best chance of life.

DR. GILES MITCHELL: I think the essayist quite conservative in his statements regarding the indications for attacking pelvic and abdominal disease per vaginam. During a sojourn of five weeks in Berlin, in 1897, it was my privilege to witness many surgical operations for abdominal and pelvic disease performed by the leading gynecological surgeons of that city. While I agree with Dr. Withrow that vaginal section is performed much more frequently there than here, yet at the same time I think his statement that all German surgeons select the vaginal route in operating for abdominal and pelvic disease entirely too sweeping. While in Berlin I witnessed no less than twelve abdominal sections performed by the distinguished Prof. Ohlshausen. Two of the cases could have been treated quite as readily by vaginal section, but he expressed himself as being prejudiced in favor of the abdominal route. In justice to Prof. Ohlshausen, I desire to state that I have never seen an operator whose dexterity is greater, whose technique is more nearly perfect, whose diagnostic ability is keener, and whose mortality is less. While vaginal section for abdominal and pelvic disease is practiced much more frequently in Germany than in the United States, in France it is done much oftener. Notwithstanding this fact, I know of no French sur-

geon who claims that all cases are best treated by the vaginal route. As the essayist has said, in operable cases of cancer of the uterus vaginal section in most cases is preferable. Certainly where you want to tap a pus cavity the vaginal route is by far preferable, but, as has been pointed out by other speakers, where you have an old inflammatory case, where you have multiple abscesses, and where you have a disease which has brought about extensive adhesions, and where you recognize these things and know them, I think it would be very unwise to attempt to use the vaginal operation.

DR. R. B. HALL: I am, very glad the essayist gave us this paper. I have enjoyed the remarks of the various speakers, and think in a measure we will agree. There are cases in which vaginal section is to be preferred, but it is to be preferred only in a limited number of cases. I have done quite a good deal of surgery through the vagina, and been criticised a great deal in preferring the vaginal route all the time in cancer of the cervix. It is not, however, along this line that I wish to speak. The more of this work that I have done in pus cases the more I have been convinced of the fact that the cases which we cure permanently are few—that is to say, cases of ovarian and tubal disease where we treat them by vaginal section. Those that we cure and do not have come back to us with their aches and pains are the exception and not the rule. Vaginal section is an operation which has a legitimate field, but in what cases should it be adopted? It is in broken-down subjects where we have a tubo-ovarian abscess, with a quantity of pus and old intestinal adhesions. Such cases cannot stand a hard, long operation for removal of the pus sacs which is necessary to cure them without a very high mortality. The mortality would be so great that it would appall us. These are the cases in which to make vaginal section and let out the pus. We should tell such a woman that we do not expect to cure her; that as soon as she recovers sufficiently another operation will be made to cure her. I had just

such a patient as I have been describing a short time ago. The woman had been at a private asylum on account of the morphine habit. After she had been there for five or six months she was brought home and I was called to see her later. She has been a very sick woman; in fact, for five or six years she has been known to be sick. I found her pelvis filled full, and this was crowding down in the vagina. She was having chills and fever. On the morning after I saw her I made a vaginal section and let out more than two pints of pus. For a week or two she was better, and then she began to get worse. She developed an abscess on her left side, which I evacuated, after which she felt better. The third time she grew worse again, with chills and fever, and I evacuated another abscess. Since her third operation she has been getting along nicely. Her temperature is now normal, and she only requires one-sixteenth of a grain of morphine three or four times a day. This woman is not well; she cannot get well and remain so, under the present circumstances, but within a month or two from now, if she gets along all right, we will make a radical operation and clean out her pelvis. These are the cases in which we may expect some good from vaginal section, but to expect a cure, as has been outlined in the paper this evening, I do not believe it is possible.

The man who has made many operations for ectopic pregnancy, and is making these operations per vaginam, has more courage than I can screw up for myself. Even if you wait a week or ten days, or even longer, after rupture has occurred, how do you know that there is no hemorrhage taking place? My experience leads me to believe in many of these cases, even though you wait for this length of time, that bleeding is going on. I think in such cases that laparotomy is the operation to do. Then, again, I would like to ask the speaker how many cases of ectopic pregnancy of the broad ligament does he see. These cases occur in literature, but they do not occur in practice. I have had more than fifty cases

of ectopic gestation, and I have not seen one in the broad ligament. Price, the last time I heard him speak, said he had had over two hundred cases of extrauterine pregnancy and had never seen one in the broad ligament. I have operated time and time again with some of the best obstetricians, who have said that the gestation had occurred in the broad ligament, but upon opening the abdomen we did not find it so. There are no doubt cases in which you could operate per vaginam, but you can take your chances on these cases; I do not care to do so.

DR. E. GUSTAV ZINKE: I have been very much interested in the subject this evening. I expressed my views in reference to the vaginal route for the relief of pelvic disease at the last meeting of the Obstetrical Society. Perhaps I operated as often per vaginam in the beginning of my special practice as any other man. At that time I had just come from Europe, where I saw a great many operations made by this method. I saw there large fibroid tumors removed through the vagina, and I began to do the same thing. After I had made something like seven successive vaginal extirpations, from which they all recovered, I struck a few which taught me a very severe lesson, and I began to operate from above, the advantage of which operation I soon saw. In this method you see everything before you, but in the other you are groping in the dark. We may make exploratory incisions per vaginam, it is true, but this appears to me the most unjustifiable thing you can do, for you cannot see anything at all, and you can feel very little, after it has been done. I had two cases which I attacked by the vaginal route, but at that time I did not know that they were cases of extrauterine pregnancy, or I should not have made use of this method. Fortunately, they recovered. I got into very deep water. In one case, on account of the hemorrhage, I simply filled up the cavity with gauze, and, as luck would have it, the patient recovered. When I operate through the vagina it is usually for pelvic disease, where there are fluid accumulations and when they can

be distinctly felt. I have repeatedly removed very large fibroids and other large tumors through the abdominal wall, and have had no shock whatever; but whenever I have had shock, whether the operation was performed through the vagina or abdominal wall, it was invariably in cases where the operation was very much prolonged, or there was great loss of blood, or continued exposure during the operation. Where, however, not much time was consumed in the operation, with hardly any loss of blood or exposure, and where the anesthetic was not given for a long time, I have rarely had shock resulting, whether I operated through the vagina or abdominal wall. I am free to admit that there are cases which can be attacked through the vagina, but in my operations I prefer to see the whole field before me. Those who operate through the vagina for cases of pyosalpinx, and where you have large and adherent tubes and ovaries, I for one cannot see how they can do the case justice through the vagina. When I make that discovery, if I have started my operation per vaginam, I at once close up the incision below and attack the case through the abdomen.

DR. MAGNUS A. TATE: Some six months ago, when I was in New York, I had the pleasure of seeing the angiotribe applied in about twenty-five cases—I should judge six times per vaginam and about eighteen times through the abdomen. On the whole, I was very favorably impressed with the instrument, although it is a big and clumsy affair. In only one case were the clamps left on, and that was in a vaginal hysterectomy for a carcinoma of the uterus.

DR. PALMER closed by saying that he was pleased that his paper had excited so much interest. He had given this subject considerable attention, particularly in recent months. He was disposed to regard the vagina as an excellent channel for the treatment of several periuterine affections, which ordinarily had been treated by the abdomen. It will surprise one, who has never utilized the vaginal section, what

facilities are afforded by way of diagnosis, both by touch and by sight, in determining some uterine and periuterine conditions. Not a few cases of periuterine inflammation of the tubes, the ovaries, and the pelvic peritoneum, of septic or specific origin, are amenable to this method, especially if no structures are to be removed.

A certain few cases of ectopic gestation, when the local lesion is clearly traced by vaginal touch (for instance, cases of ruptured sac into the folds of the broad ligament), are easily reached by this route. A case of this kind was recently reported to the Academy by Dr. Speidel and my son.

Retroversion, fixed by adhesions to the rectum, is always a most painful affection. It is not the change of place of the uterus so much which gives trouble, as it is the changed circulation. Break up the adhesions by the vaginal section, deplete, drain, and pack the Douglas fossa. Then abdominal section and ventrofixation may be avoided. Retroversion is always found twenty-four hours and more after death.

All intraligamentous cysts and solid tumors are most easily dealt with by the abdominal route.

He sees no good reason why the vaginal section is not all ample for the removal of a diseased prolapsed ovary.

Many of the objections offered, and the criticisms made, were practically considered in the paper itself. He would respectfully request that his paper be carefully read. He had been so well satisfied with some of his recent work in this line that he felt encouraged to continue it further. He had never attempted the extirpation of a medium- or large-sized fibroid tumor, when interstitial or intramural, by the vaginal route; for here, as well as for many higher and more gross intrapelvic diseases, the abdominal method is to be preferred.

The vaginal section has its power and its place in gynecic surgical practice; therefore, it is not to be ignored. If one is *not* wedded to either route, to the exclusion of the other, it does not demand any unusual ability to select the easier and better of the two routes

of procedure. It behooves us to individualize our cases.

Injuries to the Ureters.

MacMonagle (*American Journal Med. Sciences*) concludes an article on this topic as follows: 1. Surgical injuries to the ureters during extensive operations on the pelvic and abdominal viscera are comparatively frequent, and are found to occur most often during vaginal hysterectomies.

2. These injuries can often be prevented by especial care both before and during the operation.

3. In uretero-vaginal fistula great care must be taken to have the urine aseptic before undertaking an operation for repair.

4. In uretero-vaginal fistula repair through the vagina should first be tried. Failing in this, extra-peritoneal implantation into the bladder is to be preferred.

5. When injuries occur during abdominal operations, immediate repair by anastomosis or implantation should be undertaken. If the condition of the patient is low, implantation on the skin should be done with a view to future operation.

6. When anastomosis or bladder implantation cannot be accomplished, implantation in the other ureter or bowel are preferable to implantation on the skin.

7. Tying the end of the ureter, with a view to atrophy of the kidney, is not advisable.

8. Nephrectomy should only be practiced as a last resort.

9. The results of the different methods of uretero anastomosis and bladder implantation have been about equally successful.—*Med. Standard*.

To Abort Bolls.

Dr. Oehme (*Med. World*) directs to cover well the affected spot with a coating of collodion, containing one-half to two grains of salicylic acid to the drachm, and repeated two or three times within twelve hours.—*Denver Med. Times*.

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,
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317 W. Seventh St., Cincinnati, O.

CINCINNATI, JANUARY 20, 1900.

Editorial.

THE CINCINNATI UNIVERSITY.

Educational interests are paramount in Cincinnati at this time; particularly does this pertain to the University.

It is but a few months since it was the pleasure of the writer to chronicle the election of Dr. Howard Ayers as President of that institution, and to announce a conviction that this city was entering upon a new era in educational affairs, in which, through much tribulation, there were to be broad advancements made. Some of these advancements have come, and with the force of a cyclonic whirlwind, carrying everything before them.

In order to well understand the situation it is necessary to turn back the leaves of time some ten years or thereabouts, to the period when General Cox was President of the University, at which, in tendering his resignation, he advised the Board of University Directors to practically do away with the office of President of that institution, and instead make the academic faculty the governing body, with power to elect

their own Dean. Unfortunately for the institution, that advice was taken. The University and suggested plan were launched on the smooth waters that covered an undercurrent which in annual cycles carried the bark into swifter and swifter eddies, until it was almost lost to control, and was rapidly approaching a swamping maelstrom, from which only a strong and mighty arm could save it from a fatal dash upon rocks both seen and hidden. Members of the Board of Directors felt the force of the undertow, and, realizing the mistake that had been made in not securing the services of a skilled captain to pilot their craft, bestirred themselves for a helmsman who would be both strong and courageous, and at the same time be familiar with the currents and counter-currents of the educational sea. The watchful eyes of an alumnus located in a university in another State acted as a finger-board in pointing out an available man, believed to be well qualified to pilot the Cincinnati University out of its eddies and into calm and placid water.

In waiting so long and not more earnestly searching for a pilot the University Board are not free from blame. It is very difficult to understand how a board constituted mainly of successful business men, who know very well the effectiveness of a rightfully organized management, could have thought that a university was so very different from any other business that when once set in motion it would run on and on in a given direction without sensible friction. These gentlemen now know different, and that a university management is a business, and one that requires a versatility of executive skill not second to that demanded in the qualifications of a State governor or railway president. The factors he has

to meet and decide are of the most diverse and intricate order, diverging from a manipulation of the janitor, direction of students' work in courses of study, personal management of the faculty of instructors, a close elbow touch with all of the people, and particularly confidential relations with probable financial benefactors, at the same time keeping in close personal and business contact with the Board of Directors. To be, to do and suffer all this, in a tactful way, means more than is required of an army major-general. A university president must not only have the diverse qualifications named, but he must be able to originate and formulate plans which are to be carried into a successful execution; even more than all this, he must keep himself in the very van of the world's progress in everything, from processes of mining and agriculture to the realm of letters and esthetic culture. The men who meet all of these requirements are not out of work and browsing around for something to do.

However, to get back to the Cincinnati University in particular, the Board of Directors found a man, well rounded, courageous, forceful and resourceful, who was willing to and at their behest straddled the helm with an abiding confidence in himself. After a six months' battling with the compass to get his bearings, he set himself to the task of reorganization, and that he might have a clear, clean start requested a resignation of the entire faculty and corps of instructors. This did not necessarily mean that known efficient men would not be reappointed, but it did mean a retirement of some, and a coördination of old and new material in a harmonious body, of which he himself is to be not only the mainspring, but also the balance-

wheel of the manual machinery of the whole institution.

It will be exceedingly remarkable if he does not make some mistakes, for he is not an infallible man. There will be some sore heartaches and numberless criticisms. These cannot be avoided. Some professors have grown old in the service, and their transplantation to new fields with changed environments will be to them mentally and financially expensive. They are deserving of sympathy of a practical kind. As the world moves, it does not require the sixth sense of a seer to discern that there is a premium on youth, and it will be but natural for the President of the Cincinnati University to seek young men for his collaborators in the faculty over which he presides, and he will get them. Once they are obtained, he, the President, will be held to a strict accountability for results in their work.

That there was a positive demand for this reorganization is generally conceded. Some of the old professors needed too much assistance in the conduct of their departments, which meant too much waste time for themselves. Years ago this journal directed attention to the shortness of hours of instruction made use of by some members of the faculty, and they revolted at suggestions offered in a kindly way, and on they went in the same old rut, same old gait, and now—well, what is the use of reverting to the past, with "I told you so" expressions.

In duty and honor bound, the Board of Directors of the University are obliged to stand hard and fast by the man in the President's chair, in whom they hope to see a veritable phenix rise from the ashes of discord, where there will be a new University, with a broadened future.

It is not unexpected that there should be announcements made of frictions in the law and medical departments. The writer knows nothing whatever of the character of these, but is not surprised at them, because of the methods of their identification with the University. They are and are not a part of the University, and from their first conjunction have occupied anomalous positions, which in the very nature of things cannot be harmonious or lasting in their nature. They are a paradox. In neither the medical nor law faculties does the President or Board of Directors have any voice in their management. They stand at this time as disembodied spirits, and, being disjoined, there can be little or no harmonized unification of interests, which in the general cause of education in Cincinnati is exceedingly unfortunate. President Ayers has no doubt bumped up hard against these paradoxical conditions, which ought never to have existed. They compounded and confounded the problem of education in Cincinnati. They are the Gordian knot confronting the President and Board of Directors of the University. The academic department was and is a straight string in comparison.

That good will eventually come through reorganization methods that reorganize cannot be doubted, but in an evolution process of this nature there will come many surprises, some heartburnings and possible criminations and recriminations. It is a time to take stock and cultivate a *pro bono publico* spirit. Watchman, what of the night?

THE *Maryland Medical Journal* has changed from a weekly to a monthly, and in that form presents a very attractive appearance.

EDITORIAL NOTES.

STATE AND LOCAL BOARDS OF HEALTH.—The tenth annual meeting of State and Local Boards of Health will be held in Columbus, Thursday and Friday, January 25 and 26, 1900. A cordial invitation is extended to all officers and members of boards of health to be present. A glance at the programme will show that it promises to be an interesting meeting. But few papers have been provided, so as to allow full discussion of the subjects presented.

These annual meetings are growing in interest and importance each year. Beginning with an attendance of not more than twenty-five or thirty, the delegates at the last three meetings have numbered over three hundred.

It is to the interest of every community to have representatives present. The expense of sending delegates will be amply repaid by the broader knowledge and greater enthusiasm with which they will return to their duties as guardians of the public health.

A time is to be set apart for the "question box." Boards of health are requested to place in writing such questions as they desire to have answered at the meeting. If any problem confronts your board, present it, and you may find that the experience of some other board will give you the solution.

PROGRAMME.

*First Session—Thursday, January 25,
10:00 A.M., Standard.*

1. Introductory Remarks by the President, Josiah Hartzell, Ph.D., Canton.
2. The Prevention of Tuberculosis in Food Producing Animals, by Dr. A. W. Hopkins, Health Officer of Ashtabula.
3. Disinfection of School Rooms and Public Conveyances After Exposure to Infectious Diseases, by Dr. Frank Warner, Member State Board of Health, Columbus.
4. Discussion of Questions Propounded by Boards of Health.

*Second Session—Thursday, January 25,
2:00 P.M.*

1. The Necessity for Purification of Public Water Supplies in Ohio of Surface Origin, by Mr. F. Herbert Snow, C.E., Boston, Mass.
2. The Effect of Water Filtration in Lorain in Reducing Typhoid Fever, by Dr. S. S. Cox, Health Officer of Lorain.
3. The Prevention of Diphtheria, by Dr. L. C. Grosh, Health Officer of Toledo.
4. An Explanation of Results Obtained in Bacteriological and Chemical Analyses, by Elmer G. Horton, B.S., Bacteriologist, State Board of Health.
5. Question Box.

*Third Session—Thursday, January 25,
7:30 P.M.*

1. Welcome Address by His Excellency, George K. Nash, Governor of Ohio.
2. Response by Josiah Hartzell, Ph.D., President of State Board of Health.
3. And Why not Morals as Well, by Dr. E. L. Rexford, Pastor of the First Universalist Church, Columbus.
4. What the World Owes to Vaccination, by Dr. J. F. Marchand, Health Officer of Canton.

*Fourth Session—Friday, January 25,
9:00 A.M.*

1. The Diagnosis of Smallpox, by Dr. W. T. Gemmill, Member of State Board of Health.
2. How to Increase the Efficiency of Township Boards of Health, by J. A. Harned, Clerk of Board of Health of Xenia Township, Greene County.
3. Laws Regulating Boards of Health, by Dr. F. E. Kitzmiller, Health Officer of Piqua.
4. Changes in Health Laws Proposed in the Municipal Code Bill, by Dr. C. O. Probst, Secretary of the State Board of Health.
5. Discussion of questions propounded by Boards of Health.

THE subject of smallpox is attracting attention because of the outbreak of the disease among the American troops in the Philippines. Dr. David P. Austin, who recently read a paper on the subject at the New York Academy of Medicine, says the probable cause of this outbreak is the neglect of the regulations regarding vaccination in the Western States, where most of the troops serving in the far East were recruited. Dr. Austin maintains that immunization against varioloid virus can be obtained by repeated vaccination. That there is a danger of

syphilis and other diseases being conveyed by the use of impure matter is admitted; but Dr. Austin says it can be effectually guarded against by acting on the advice of Surgeon-General Wyman to use nothing but glycerized lymph.

REGARDING the new irrigant for gonorrhea, Mercurol, favorable reports are given by Dr. Frederick Fraley, Jr., Philadelphia, and Professor Ramon Guiteras, of the New York Post-Graduate Hospital. The former, giving a summary of the results obtained in a series of fourteen cases, says that six were cured in less than four weeks, three distinctly improved in sixteen days, and two required supplementary treatment. While a more powerful germicide than almost any other irrigant available for gonorrhea, it is said that Mercurol has no irritating effect whatever on the mucous membrane, its action being purely physiological and not at all chemical.

A NEW remedy for insomnia, named Chloretone, from the fact that it is a derivative from chloroform and acetone, is coming into favor with the profession in New York. Its advantages as compared with other hypnotics is that it does not weaken the action of the heart and has no tendency to interfere with the digestive organs. It is dispensed in crystals and also in three-grain tablets, three or four of the latter being usually found sufficient to produce the desired result, though much larger doses may be given without any fear of untoward symptoms.

AT the Roosevelt Hospital, Parke, Davis & Co.'s antitetanic serum has been used with marked success in the treatment of lockjaw. A report on the results obtained was recently presented to the New York Surgical Society by Drs. Johnson and Abbe.

Correspondence.

MALPRACTICE SUIT.

PORTSMOUTH, O., Jan. 12, 1900.

Editor LANCET-CLINIC:

The damage suit of Cutlip vs. Lottridge was tried in the Common Pleas Court of this city January 8 to 11 inclusive, the jury returning a verdict for the defendant.

This is the case in which George Cutlip sued Dr. William M. Lottridge, of this city, alleging malpractice in treating him, in 1896, for "trachoma." As a result of the disease, he lost the sight of one eye. The plaintiff asked damages in the sum of \$5,300.

This was the second trial of the case, the jury in the first trial, about a year ago, having disagreed.

Very truly yours,

S. S. HALDERMAN.

BROOKLYN, IND., January 12, 1900.

Editor LANCET-CLINIC:

Here is my \$2.50 for the year 1900. This is my forty-fourth year for your good old journal. It's the pride of all my medical journals. I graduated at the Ohio Medical College in 1860, and out of all the faculty there is only one that still survives, and that is John A. Murphy. I wish you a happy and a prosperous year.

Yours truly,

DR. C. M. LINDLEY.

THE JANUARY "COMING AGE." — The January issue of *The Coming Age* opens the second year of this sterling review of twentieth century thought. The eight original essays are all of special interest and excellence. "The Gate Beautiful," by Prof. John Ward Stimson, is one of the most helpful discussions on the vital uses of art that has recently appeared. Dr. Henrik G. Petersen, the eminent Boston physician, contributes the first of four papers of rare value on "Applied Psychology; or, Hypno-Suggestive Therapeutics." "The Coming Hygiene of Dietetics and Development," by the late Prof. Joseph Rodes Buchanan, is a very strong feature of this issue. Rev. Charles R. Brown's social study, entitled "The Cities of the World to Come," justly merits wide reading. "The George Junior Republic" is the first of a series of papers on helpful social experiments which are promised for the ensuing year. "A New Prophet in the Choir of Progress" is a helpful study of Ernest Crosby's latest work. A poem of unusual excellence, by Miss Coletta Ryan, is also an interesting feature of this issue.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Treatment of Fibrous Stricture of the Rectum.

Dr. W. H. Horrocks says that the usual treatment by passing bougies is very painful and affords only temporary relief. Forcible dilatation is a dangerous and unscientific method. It is dangerous because the stricture yields at its weakest part, which may lead to laceration and infection of the peritoneum. It is unscientific as the tear, when healed, leaves the patient in much the same condition as before the operation.

He then records one or two cases treated very successfully by a vertical division at the part most removed from the peritoneum. The vertical is converted into a transverse slit, and the margins stitched together. To do this the stricture must be within reach, and it is an advantage if the mucous membrane above the strictured part is loose and healthy.

He says: "The simplicity of this method, which is an application of the operation of pyloroplasty to rectal strictures, is a great advantage in treating suitable cases. There seems no reason to doubt the permanency of the cure."—*British Med. Journal*.

Relative Frequency of Varicocele on the Right and Left Side.

Vedora has made extensive anatomical investigations, and finds that the left internal spermatic vein is congenitally devoid of valves that are functionally efficient with a frequency 26 per cent. greater than that of the right spermatic. When the left pampiniform plexus is affected with primary varicocele the corresponding spermatic vein is usually devoid of valves. The author therefore concludes that one of the predisposing factors in the development of varicocele consists in the absence of efficient valves in the spermatic veins. The minor frequency of right

varicocele is due to the almost constant presence of efficient valves at the point where the right spermatic vein debouches into the inferior cava.—*Med. Standard*.

Postanesthetic Paralysis.

It exceptionally happens after a general anesthetic has been given, quite aside from the form of surgical intervention which may have been required, that when consciousness is regained there will have developed a paralysis which, at least by the patient and his friends, is likely to be attributed to the ether or chloroform or whatever agent has been administered to occasion unconsciousness. Such palsies are classified by Mally, who has contributed an excellent paper on postanesthetic paralysis to the *Revue de Chirurgie*, No. 7, 1899, as central, hysterical, peripheral, and reflex.

The central palsies follow directly upon the anesthesia, and are due with few exceptions to cerebral hemorrhage. It would not be unreasonable to suppose that such an accident—i.e., apoplexy—would be a fairly common sequel or accompaniment of an anesthetic, since a large number of surgical patients are by vascular degeneration ripe for hemorrhage from even the most trifling causes. As a matter of fact, however, apoplexy during anesthesia is extremely rare, hence may fairly be considered purely accidental and in no way attributable to the anesthetic agent used.

As to the postanesthetic hysterical paralysis, this also is extremely rare, and is to be attributed rather to the moral shock than to any action of the anesthetic employed.

Peripheral palsies are the most frequent and important of the various groups. The commonest of these is a palsy of the upper branches of the brachial plexus, and this is generally caused by the elevation of the arms such as occurs in the Trendelenburg position; for with the arms thus elevated there is a drag upon the roots of the plexus, and particularly the upper ones, and these are, moreover, put at a sharper angle than the ones which lie

below, this angling occurring at the transverse vertebral processes and being caused by the indirect pressure of the latter. It is noted that the deltoid is the muscle most commonly involved, though the supra- and the infraspinatus and other muscles are often implicated. The type of the palsy is characteristic—i.e., it corresponds to the pressure type. The prognosis is good, and recovery is the rule. Cases are reported in which the radial, cubital, and anterior tibial nerves were paralyzed, probably from pressure because of faulty position. There is no evidence to show that these peripheral palsies are in any way related to the anesthesia.

Reflex palsies are extremely rare, and are characterized by an exaggeration of the reflexes, moderate but persistent atrophy, and a diminution in electric excitability. They are comparable to the palsies which commonly succeed traumatism of joints. Their occurrence after anesthesia is probably purely accidental.

It would appear, then, that the only form of postanesthetic palsy which is avoidable is that of the peripheral type, which is always due to pressure. It should be avoided by guarding against putting the arms in the position of forced elevation and by providing against too long continuous pressure, as by an Esmarch tube, or the resting of a limb over the edge of a table. The curative treatment consists in the use of electricity, unless there are signs of degenerative atrophy. Passive motion and massage should also be employed. — *Therapeutic Gazette*.

Bromide of Camphor in Epilepsy.

Louis Haslé (*Thèse de Paris*, 1899) gives an account of careful clinical observations made with this drug in the treatment of epileptics at Bicetre. Monobromide of camphor has not been hitherto employed in epilepsy systematically or with constant success. It has given variable success in delirium tremens, genito-urinary troubles, particularly blennorrhagia with painful erections (Bourneville), and in retention of urine from hypertrophy of the prostate

and spermatorrhea. Haslé, after carefully selecting a number of cases of epilepsy from the abundant material at Bicetre, obtained the following very constant results: (1) As regards epilepsy proper (*haut mal*), the action of bromide of camphor was doubtful, and was less effectual than the mixed bromides of potassium and sodium and ammonium. (2) In attacks of *petit mal*, and in all cases of epileptic vertigo, however, its effect was incontestable; it at first diminished the frequency of the vertiginous attacks, and finally made them disappear altogether. The condition to be observed in prescribing was to begin with moderate doses, made gradually progressive and lasting for a sufficient time. Owing to its disagreeable odor it is best taken in capsules of 20 centigrammes, or dragées of 10 centigrammes, beginning with two capsules per diem, and augmenting by two capsules the second week, etc., till eight capsules per diem are taken, then as gradually diminishing the dose till two capsules per diem are reached and maintained for some time. — *British Med. Journal*.

Prevention of Thrombosis in the Veins of the Lower Extremities After Abdominal Operations.

Most surgeons will have such cases in which the veins of the lower extremities have become the seat of thrombosis, some two or three weeks after a laparotomy or herniotomy, in spite of the operation having been successful, and in spite of the wound healing by first intention. Lennander has observed that the thrombosis may affect the superficial or deep veins, not infrequently the femoral veins, with extension into the external iliac, and it may be as high as the vena cava. The complication is one to be avoided, because, in addition to the risk of embolism, it entails the patient being confined to bed for a very much longer period than would otherwise be required, and, through the swelling and disability of the leg it may be the cause of long standing inconvenience. In a large series of simple operations for relapsing appendicitis, the author has seen throm-

bosis in no less than five cases, in three of which the veins affected were those of the left lower extremity. If there be an infective element in the production of the thrombosis he is more inclined to suspect its origin from the alimentary canal than from the operation wound. He believes, however, that this thrombosis is chiefly due to mechanical causes, to the depression of the circulation, and to the slowing of the blood stream in the lower extremity in patients who are exhausted, and who are kept in bed after abdominal and other operations. The return circulation in the lower extremity will be also hindered in those already suffering from varicose veins, or weak hearts, or meteorism of the belly, or enfeebled respiratory powers, and of anemia. The fact that in cases where the lower extremities are elevated thrombosis rarely occurs suggests the adoption of such measures as a preventative. Since July, 1897, the author has raised the foot of the bed after all laparotomies and has observed but one case of thrombosis. Elevation of the foot of the bed is preferred to elevation of the affected limb alone, because there is then a uniform incline from the foot to the right auricle, or, at any rate, to the inferior vena cava.—*Med. Standard.*

Cirrhosis of the Liver in a Child.

Dr. R. C. Freeman reports the following case (Proceedings of the New York Pathological Society, 1897-1898):

A Syrian boy, aged ten years, was admitted to the hospital on September 10 and died on December 18. He had had measles and pertussis some time before admission. Ten months previous there had been an indefinite illness with fever and pain. One month before admission there had been edema of the feet and dyspnea, and there had been scanty urine. He had not had chills.

When admitted the boy was jaundiced; the tongue was heavily coated and moist. The urine had a specific gravity of 1022, and was free of albumin and casts. There was a marked enlargement of the abdomen, dulness on percussion and an impulse. The

liver extended to three inches below the free border of the ribs. Its upper border was at the fifth interspace; it felt hard to the touch. The spleen was enlarged. The heart and lungs were negative. One week after admission the boy passed a tape worm. Four weeks later the urine showed considerable albumin, and there was ascites. He had to be tapped frequently, and the fluid was always clear.

The blood showed 60 per cent. of hemoglobin and a slight leucocytosis. There was great emaciation.

The postmortem examination showed there had been a general peritonitis, with a fibrinous exudate and loose adhesions, besides the fluid. The liver was large, bound down by adhesions and pushed upward by the distension of the intestine. It was pale and hard, and its cut surface was of a light color. The fibrous tissue about the vessels was very distinct. There were small purple areas on the cut surface. The spleen showed perisplenitis. It extended from the nipple line to the free border of the ribs; it was pale and rather hard. The capsules of the kidneys were adherent, and the markings were indistinct—parenchymatous nephritis. The adrenals were normal. The pancreas was hard. There was a polypoid growth in the colon. The lungs showed chronic congestion. One bronchial lymph node was found to be cheesy and tuberculous; this was the only evidence of tuberculosis. The anterior mediastinal lymph nodes were enlarged and showed cellular hyperplasia. Microscopic examination of the liver showed marked cirrhosis, with hypertrophy of the bile ducts and very considerable increase in the interlobular connective tissue.

In the discussion that followed the exhibition of the specimen it was stated that cirrhosis of the liver is rare in childhood. Hatfield had collected 130 cases, of which 32 were alcoholic; but the present case gave no such history. Howard's 65 cases gave 11 per cent. syphilitic and 11 per cent. tuberculous. A few cases had been preceded by eruptive fevers. In view of the large number of lymphoid nodules found on microscopic examination, it was thought

that the starting point of the cirrhosis had been an acute infectious process, such as typhoid fever.—*Archives of Pediatrics*.

Iodide of Potassium in the Treatment of Acne.

Levisseur, in the *Medical Record* for November 11, recommends five grains of iodide of potassium administered in milk three times daily for the cure of acne vulgaris. This drug soon produces symptoms of iodism in this condition even when given in small doses, and the patient must be carefully watched and medicine stopped as soon as the physiologic effect is induced. He advised testing the urine for iodide and gives a simple test that will show 1 part in 6,000.

Some urine is mixed in a test tube with one-third its volume of ordinary corn-starch, then a drop of commercial nitric acid is allowed to run down the side of the tube which will form a streak bordered by a blue or violet color gradually disappearing.

The drug is discontinued until the local reaction subsides and is then repeated as may be necessary; in the meantime a mild sulphur ointment is used in connection with a 10 per cent. ichthyol soap.—*Charlotte Med. Journal*.

A New Treatment for Chronic Catarrhal Inflammation.

Prof. Grazzi, of Florence (*Annales des Maladies d'Oreille, du Larynx, etc.*), has instituted a new and simple mechanical treatment in certain forms of chronic pharyngitis, with which he claims to produce most favorable results. The instrument he employs consists of a small polished metallic wheel or roller attached within the fork of a metallic handle and set at an angle to permit of its being easily applied to the pharyngeal wall. With this little instrument the pharyngeal wall is subjected to a kind of massage or compression, the roller being made to pass over the mucosa from the above downward and moderate pressure exerted upon it. The author applies the treatment to those forms of chronic pharyn-

geal inflammations characterized by a hyperplasia of the lymphatic tissues and thickening of the mucous membrane, and his theory is that this action of compression promotes absorption of the hyperplastic elements and activates the lymphatic and sanguineous circulation of the parts. Under the influence of this treatment, the pharyngeal granulations rapidly disappear and the mucous membrane assumes a more normal aspect. Local anesthesia may be required in the beginning of the treatment to overcome the reflex irritability of the pharynx.—*New Orleans Med. and Surg. Journal*.

Syringo-Cyst-Adenoma.

At the "Gesellschaft der Aerzte," Neumann showed two cases of syringo-cyst-adenoma originating in the sweat glands. It was present on the anterior and lateral surfaces of the thorax over the mammae, down the back, on the flexor aspects of the extremities, on the face and eyelids, in the form of small tubercles ranging in size from small shot to peas, granular on the surface, and varying in color from a bright red to a dark brown or purple color.

In both cases the history and appearances were the same. This condition had existed more or less since early childhood, but had increased in extent of late, decidedly so since they had entered hospital; some of the tubercles becoming flat and cystic during this period.

In many respects this affection resembles xanthoma or dermatomyoma, but differs from both in color, course and distribution. In diagnosis, another error must be avoided, viz., that after injections of pilocarpine a spurious form of syringo-cyst-adenoma may be induced.

The microscopic appearance is peculiar. The mass appears to be composed of a number of tubercles formed of solid nests of epithelium, with glairy homogeneous fluid contents.

The degeneration of the cysts and solid contents of the nests finally form a colloid substance which may contain many of the epithelial cells with gran-

ular contents. The first cellular nests and columns seem to arise from a thickening and hardening of the sebaceous glands and sweat ducts. From the pathology of the disease Neumann thinks the correct terminology is syringo-cyst-adenoma. He also emphasized the fact that the origin in his cases was not due to an abnormal or degenerate embryonic tissue, as many other observers had affirmed, but from primarily healthy tissue.

The notes in these cases were well illustrated by photographs as well as wet and dry microscopic preparations. — *Vienna Cor. Med. Press and Circular.*

Digitalis in Cardiac Insufficiency.

Osborne (*Medicine*) says that as a cardiac tonic nothing equals or approaches digitalis. With proper care, occasionally noting the amount of urine passed in twenty-four hours, it can be given for months or years without trouble. Every patient under a cardiac tonic should be seen at least once a month if not doing very well, and once in two months even if doing perfectly. In case there is lack of cardiac compensation, rest is absolutely necessary. The dose of digitalis depends upon the valvular lesion; in aortic lesions it should never be pushed to a slowing of the heart below eighty beats to the minute, and should generally be given coincidentally with nitroglycerin, so that the peripheral resistance is not increased. In mitral disease, and especially in mitral stenosis, we get splendid results from slowing the heart down to sixty and even fifty beats per minute, so that a patient who has not lain flat in bed for weeks may be found with but one pillow when next seen. The prolonged diastole gives best results in mitral stenosis; it improves the nutrition of a used-up heart. Digitalin is the best form for hypodermic injection, and the dose should be sufficient for at least three hours—1-100 to 1-50 of a grain. We must not forget that a patient whose heart has been greatly slowed by digitalis must not rise from the recumbent position even to urinate until the profound effects have passed off, and

that a full dose of digitalin will last twelve hours.—*Med. Standard.*

Scarlet Fever.

Dr. A. Jacobi, in a clinical lecture, presented the following case:

The patient is a negro baby. It keeps its mouth open and holds its fingers, hand and arms carefully and cries when handled. Some enlarged lymph nodes are found behind the angle of the jaw. The skin of the hands and arms is peeling. This desquamation is due to a general dermatitis with an exudation into the skin, interfering with its nutrition, hence its death and exfoliation.

In reply to questions the mother admits that the baby "was red all over" three weeks ago and began to peel last week. Desquamation begins at the end of the first week of eruption, in the second week of fever. It lasts from two to five weeks and may recur, so it is not safe to send the patient to school after four weeks, as is sometimes done. Contagion is possible from the end of incubation to the end of desquamation. This should not be considered complete before the fortieth day. Sometimes there is a prolonged, or a second desquamation, and as long as it lasts no contact with other children should be permitted. That is the principal lesson I wish to impress upon you in connection with this case.

Now what can we do for the baby? Yes, isolate it. Besides isolation we can make the skin less dangerous by bathing the baby all over once or twice a day, then anoint it with lard or some bland ointment and so prevent the scales from being scattered. The mother must be very careful of her other younger child, only a year old, for if a young baby takes scarlet fever it usually has a severe attack, but fortunately young babies are seldom attacked.

The urine of scarlet fever shows albumin in the second week, while in diphtheria and influenza it may appear in the first few days. It is a safe rule to examine the urine frequently from the second through the fourth week. Do not feel easy if you find a trace of

albumin, for a bad nephritis may give but little albumin. That is why you will not do justice to yourself or to your case unless when you discover the faintest trace of albumin (sometimes only after long standing) you make a microscopical examination of the urine after centrifuging it. Lack of time is no excuse. You must not have more patients than you are able to take care of, as they should be cared for. Even after the fourth week the urine should be examined at least once a week. I have seen nephritis originate eight weeks after the beginning of scarlet fever.—*Archives of Pediatrics*.

Arsenic in Animals.

At the Académie de Médecine M. Gautier said that he made researches which permitted him to affirm the constant presence of arsenic in the thyroid glands of all herbivorous and carnivorous animals, and in man himself, but in very small quantities. In all the other organs except in the thymus, the brain and the skin, where it existed in smaller quantities than in the thyroid gland, no arsenic was found. The same might be said of the blood. In the thyroid gland of man he found one milligramme (fiftieth grain) of arsenic for 127 grammes of gland. This arsenic was furnished by a certain number of aliments, and was carried, probably by the white corpuscles, to the nucleus of the cells. A point which the speaker considered worthy of attention on account of the consequences which might result from a therapeutic and pathological point of view was that the presence of arsenic was as necessary as that of iodine to the proper function of the thyroid gland.

M. Brouardel remarked that from what had been said, they should not come to the conclusion that the presence in the normal state, of arsenic in any appreciable quantity in certain organs affected medico-legal examinations, in which that metalloid had been met with, the quantities of arsenic, on which were based the conclusions of the examinations, being always much greater than those indicated by the

first speaker as existing in the normal state. M. Gauthier replied that the facts he had related established, on the contrary, that arsenic was only found in the normal state in the thyroid, the brain and the skin. Arsenical poisoning consequently might be inferred where the metalloid was found in the liver, spleen, muscles, blood, etc.—*Paris Cor. Med. Press and Circular*.

An Unusual Breach of Trust Case.

A claim of \$5,000 has recently been brought against a Hartford, Conn., physician on the following somewhat extraordinary grounds: The doctor had agreed to take charge of a maternity case, but was not present when the child was born; a few days later the child died. The physician was then sued for breach of trust in the case and as being responsible for the death of the child. The defense demurred to the complaint, stating that the father could not have acted as the agent for the child and that the doctor did not contract with the unborn child for its delivery. As the case was brought because of the death of the child, the defense claimed that it should be squashed. The judge ruled that suit may be brought in behalf of a child unborn when its parents had made a contract to deliver and care for it after its birth, and found true cause for action on the part of the parents. The case has caused considerable interest throughout the State, and is the first of the kind brought under Connecticut statutes.—*Boston Med. and Surg. Journal*.

Case of Tumor of the Medulla Causing Deafness.

The case is one reported by Gray, of Glasgow, at the recent congress of otology, of London. A man, twenty-two years of age, with an excellent hereditary history, and no specific infection, became affected with deafness in the left ear and a facial paralysis of the same side, accompanied by vertigo and difficult deglutition. Speech was affected as a result of paralysis of the left side of the palate, tongue and

mouth. Loss of taste on left half of tongue, motor paralysis of left side of body and loss of sensation of right. A test of hearing showed the auditory nerve on the left side to be affected so that a watch could be heard only on contact with the auricle. Death occurred at the end of seven weeks, and an autopsy revealed a tumor involving the left half of the medulla and floor of the fourth ventricle. The nerve tissue was swollen, soft, and of a yellowish color, with hemorrhagic effusions. Under the microscope the neoplasm proved to be a gliosarcoma. — *New Orleans Med. and Surg. Journal*.

HYDROTHERAPY A SUBJECT FOR CLINICAL TEACHING. — "The House of Parliament, Vienna, has taken up the subject of establishing a recognized educational clinic for the purpose of elucidating hydrotherapy. The proposer of the bill has so far succeeded in establishing his proposition that the representatives resolved, a few months ago, to appoint a special commission to inquire into the necessity and propriety of establishing such a school of education, and named Professor Albert as the chairman of the commission. It discussed the various advantages and disadvantages of the treatment, stating that lectures are already given in Italian and German schools, while two of the Austrian medical faculties, Vienna and Innsbruck, provide ample instruction for this special treatment. Different doctrines of pathology and therapy are advanced in the elucidation of hydrotherapy that necessitates its connection with the present clinic." (*Journal Amer. Med. Asso.*) This is only another proof of the importance hydrotherapy is obtaining in scientific medicine. America is not behind in the application of this department of medicine. It has long been practiced together with massage, mechanical and manual Swedish movements at the Alma Sanitarium, Alma, Mich. All classes of chronic organic and nervous diseases are given this advantage in addition to the regular medical treatment. It is usually impracticable to practice hydrotherapeutics at home except to a limited extent. The cost of equipment by the patient and physician is more than is desirable to expend. The greatest development of this speciality will be found in such institutions as the Alma Sanitarium, where particular attention is given to this treatment as prescribed by the attending physician and administered by trained nurses under the immediate direction of Dr. E. S. Pettyjohn.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Glory to Serums!—Death of Dr. Pestana, Head of the Lisbon Bacteriological Laboratory, from a Dose of His Own Antiplague Serum—How Dr. Langerhauss' Child was Killed by Roux's Diphtheria Antitoxin—Boucher's Last Diatribe Against Serum Therapy.

The *Journal de Médecine de Paris* contains the following editorial by the celebrated Boucher:

"Dr. Pestana, Director of the Bacteriological Laboratory of Lisbon, died of an attack of plague from making an autopsy (anatomical wound) on a patient. Pestana had been previously vaccinated." This, printed in all the medical and scientific journals, is, in fact, a small piece of bacteriological knavery, for this anatomical wound is made an explanative to explain to the credulous masses, the innumerable *gogos* of Pasteurism, the lamentable failure of their serum.

We speak of the vulgar masses now, for those of our *confrères* who, in this modern decadence of medical mentality induced by microbes, have been able to keep intact freedom of thought and freedom of will, this supreme appeal to the autopsy, this dissecting wound, will signify nothing, since the preventive serum should have been, were it preventive, a bar to all microbes, no matter whether from a cadaver or otherwise. It is for the simple purpose of giving the truth, a month after the sad event we are relating, that we come to reveal the new lie alleged by bacteriology in its defense, that of an autopsy on a plague patient, that in reality never occurred, and falsely adding, as a logical consequence, a dissecting wound.

The truth, the real truth, is that the unfortunate Pestana, believing it his duty, as chief of the bacteriological service of Lisbon, to give an example by inoculating himself against the disease, contracted the plague from this inoculation. This fact cannot be dis-

puted, as all the world at Lisbon knows, and has been made known by one of our medical Portuguese friends.

To state truly, the more one studies this question the more the lie employed by the bacteriologists to choke down the truth as to this death seems puerile and nasty. For, given the importance attributed to contagion by the Pasteurian school, in all epidemics, especially in the terrible plague, it may be legitimately asked, why the necessity for the autopsy? Why open without reason a certain centre of microbes, and from thence risking the wide dissemination and spread of the disease? For what purpose and for what results is the cadaver opened? Why this dissection of plague-laden organs? Do bacteriologists expect to find anything new in the entrails of *their victims*?

Frankly, before this painful defense one is tempted to believe, in the more amiable fashion, in the motives given to explain that frightful death occurring in the child of Professor Langerhauss, of Berlin, who was inoculated while in perfect health with Roux's serum. "This lamentable result," it was said at the time, "may be easily explained by a double action—the anti-toxic action of the serum on one hand and the absence of diphtheritic infection in the child on the other."

For those gentlemen who everywhere proclaim the preventive properties of serums, such reasoning is ridiculous, imbecile; it is in reality an avowal, a free confession.

We see, then, from looking at these two undisputed cases of poisoning by Pasteurian serums, that thousands of similar cases may be hidden by concealment, by reason of the social rank of the poor victims. Very well, let us say this with dignity; it is necessary for the true bacteriological sharp to be firm, or rupture his intellect as a disciple of bacteriology, if he cannot see in the presence of such immediate fatal consequences the real action of these serums on the human economy; it is blindness not to perceive that these microscopic elements drawn from morbid infected animal centres do not act on the healthy living tissues the part

of a ferment, especially since we have to guide us all the train of morbid manifestations resulting from inoculations—that is to say, the fever, with its accompanying atrophy, in some; the different eruptions, erythema, purpura, etc., in others; the complications of anuria or of albuminuria among the former, convulsions among the latter, inducing death in those individuals more particularly impressionable to such viruses.

Before these facts, for the most part admitted by bacteriologists themselves, we ask them by what transcendent logic they come to transform all these morbid manifestations into guarantees of health? We ask them to tell us upon what scientific axiom they can support themselves in order to legitimatize in medicine that hypothetical adage, *similia similibus curantur*? We have asked them these questions, the importance of which cannot escape even an obtuse individual. They have not answered, and their silence is a denial of their whole system, that is *based entirely on lies and deceitful statistics*.

We now know how much they value their statistics of hydrophobia, that are false and ridiculously truckling. Where now are the statistics of plague cures by means of serums made in the same manner, by the aid of the same methods? Listen and read from the Portuguese journal, *Coimbra medica*. Behold what this Portuguese medical journal says!

"To make their methods valued, the International Commissioners exaggerated in a colossal manner the cases of plague during their stay here, as they put into the same category of the plague all serious diseases—pneumonia, fevers, erysipelas, etc. There was a double purpose in this—the first to make their serum valued by invoking it to cure when cures could have been obtained without it; afterwards to herald the importance of their intervention and the efficacy of their prophylactic measures, making the fall in the death-rate from true cases of plague in the statistics of all the cases that were described as being plague."

This rascality, this ludicrous farce, form the basis, then, of modern bacte-

riological claims, while persons inoculated still die of hydrophobia in Paris from the serum that causes it; the plague is spread by bacteriological laboratories; we have the diphtheria of the serums. Meantime, let all kinds of pestilence re-appear. And listen, while from the profound depths of an ever-credulous mass of humanity mount the hosannas of praise, the shouts of applause that dominate the cured of these bacteriological experts—"Death to the flies! Death to the rats! Glory! Glory! Eternal glory for our serums!"

The Surgical Treatment of Gastric Ulcer.

The intervention of the surgeon in cases of gastric ulcer has hitherto been limited to the treatment of those cases where perforation of the organ has resulted from the ulceration. More or less success has attended these attempts to save life under these necessarily fatal conditions. But now it is recom-

mended to deal surgically with another symptom of gastric ulcer—namely, hematemesis. Eisendrath has recorded two cases in which he has operated for this condition. In one, that of a woman, aged thirty-eight, he opened the stomach, after a second profuse hemorrhage, and found an ulcer on the posterior wall. The ulcer was drawn out, a ligature applied at its base, and it was then excised. The patient made a rapid recovery. The second case was that of a man, aged thirty-six, for whom gastrotomy was performed for the same reason, and several small ulcers were found. These were treated in the same fashion, and recovery followed. Symptoms of gastric dilatation, however, subsequently developed, for which gastro-enterostomy was performed, a Murphy's button being used. But death took place from peritonitis. Eisendrath thinks that repeated hemorrhages, or severe ones occurring more than once, are the indications for operating.—*Med. Press and Circular*,

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Original Articles.

ARABIC MEDICINE.

BY J. S. TUNISON, ESQ.,
CINCINNATI.

[Our friend J. S. Tunison has written us these lines without the expectation of their publication, but the material contained herein is too valuable to be hidden from the light. Although Mr. Tunison is not a physician, his knowledge of classical medicine, especially the earlier history of the healing art, has not been surpassed and but rarely equalled by any medical man in this generation. The talented author should have been honored long ago with a chair in some American university. As a Greek and Latin scholar he has no peer in the West, while his erudition on all historical matters of days of antiquity pertaining to medicine is unsurpassed by any member of the medical profession with whom we happen to be acquainted. For many years he was book reviewer on the *New York Tribune*, and widely known for his vast knowledge of bibliography. He is the author of several rare and scarce works, and such a charming writer that few can withstand his fascinating style, so that he has always had a number of cultured followers wherever his writings appear. Readers of the *Atlantic Monthly* will at once recognize their favorite writer. It will be seen that Mr. Tunison takes little stock in the praise commonly accorded to Arabic medicine by all the ancient and modern medical histographers. It is because of his original views, founded on the basis of fact, that we are thus tempted to violate the privileges of a private correspondence so as to make public what we regard as a very important contribution to medicine made by one of the most scholarly laymen of the day. We trust that Mr. Tunison, when he sees this article in print, will not be offended, and know that every good physician will be pleased by the results of such erudite investigations.—T. C. M.]

The question as to the origin of the great medical school of Salerno is an important one not only in the history of medicine, but in the general history of learning. For a long time the tendency was to ascribe the whole of

what learning western Europe had in the centuries preceding the Renaissance to communication with the Moors in Spain and the Saracens in Italy. Arabic versions of the Greek philosophers and the Greek physicians were supposed to account for all the science of the west, from Roger Bacon to the fall of Constantinople. How far this opinion still prevails, I do not know; but I am convinced that it is in large part erroneous. It seems to me a mistake to say that western Europe ever quite lost touch with Greece until the closing years of the Eastern Empire. If I am right about that point, then I can safely infer, what appears to me the truth, that the Arabs supplied merely what was at times lacking in the west.

The history of the Arabs throughout shows that they have had no original turn for learning and science. At their very best, the learning which they borrowed was confined to a few centres and to small groups of intelligent men who cultivated their minds at the risk of their lives. Educated men no sooner began to appear in numbers than they were persecuted out of existence. The whole philosophy of Averrhoes was a protest against the religious narrowness of Islam; the romance of "The Self-taught Philosopher," which has so often been translated into the various languages of Europe, was a satire on Mohammedan bigotry, and pieces even in "The Thousand and One Nights" show that there also learned men made a vain effort at self-preservation by means of popular tales. The well-known tale of the Grecian sage, Douban, is an example of the efforts that were made to justify Greek learning in the eyes of a jealous and savage race. Even in a tale like that of "King Omar

bin al Nu'uman and His Sons," full of hatred toward the Byzantines, a female character is introduced who not only knows the Koran by heart, but is acquainted also "with philosophy and medicine and the prolegomena of science and the commentaries of Galen, the physician, on the canons of Hippocrates." In short, the Arabs love to talk about learning, but only the few among them have been willing to acquire it. The result has been that a learned period, whether at Bagdad or Cordova, rarely lasted longer than one generation. The Arabs were in touch with Greek science from the time when Justinian banished the last of the pagan Athenian sages to Persia. If there had been any growth and continuity of scholarship among them, they would have improved steadily and there would have been among them everywhere men who knew Greek. But at one of the most brilliant periods of the Moorish rule in Spain there was not a man in the whole kingdom who could translate a treatise of Dioscorides. This was about the middle of the tenth century, when the Moors became important enough in the international politics to require an exchange of embassies with Constantinople. Among other gifts the Greek Emperor sent a manuscript of Dioscorides. When it was found that nobody in Cordova could read the work, the Emperor sent a Greek monk who understood Latin, and the Cordovans having found a Jew who understood Latin also, these two translated the book with the aid of a crowd of Moorish doctors who supplied the Arabic names of the medicines which Dioscorides had described. About a century earlier John Erigena, a Scotchman at the court of Charles the Bold, got hold of the supposititious writings of Dionysius the Areopogite, and translated them without any help from Constantinople or elsewhere.

These anecdotes illustrate the difference between the two races. The Arabs got the best of Greek literature and half the time did not know what to do with it; the European picked up the first manuscript that came to hand, good or bad, and pegged away at it till

he knew what it contained. The list of medical books used in the famous ancient university of Montpellier, confessedly Latin versions of Arabic versions of Greek writings, cost the Arabs and Latins together nearly three centuries of sporadic and occasional labor. But when the Europeans really got on the track of these things they had them all turned direct from the original in not much more than a generation. It is hardly necessary to mention the defective methods of Arab learning, which often depended on two or three intermediaries between the Greek and the Arabic, but it is worth remembering that men like Roger Bacon and Albertus Magnus were well aware of the defects, and both urged the work of translating direct from the Greek. The fact is that both these men and a number of others in their times knew a great deal more Greek than they get credit for. The main trouble with them was the lack of Greek manuscripts, which was never wholly remedied until the fall of Constantinople.

That Byzantium continued to influence the west at what is called the darkest period of the Middle Ages is shown in politics. The embassies sent from Greece to Charlemagne are familiar in history. These ceased for a time under his successors, because it was the policy of Constantinople never to waste diplomats on nations too weak to be feared. But as soon as Henry the Fowler and Otto the Great had restored the German Empire, the Byzantines were the first to greet them with legates and gifts. The number of diplomatic visits between the two courts throughout the last half of the tenth century was large, and in addition to these one of the German Emperors of those days took a Greek Empress to wife. The efforts of this Emperor (Otto II) to capture the Greek States of southern Italy furnish the most important evidence that we have of the loyalty of these States to the Eastern Empire. They were in constant communication with Constantinople, and ships of the Byzantine fleet figured in the defeat of Otto II. It is true that the Saracens also figured in these wars against the

Germans and Italians, and that their depredations on the Italian coast had been a familiar and dreaded fact for two or three generations earlier. But what foothold they had obtained was precarious, and they never were in a position to create a culture in Italy as in Spain. In the nature of things it was impossible for them in the midst of continual war to do what they had never accomplished except in capitals remote from conflicts, or that rude Saracen soldiery should have tastes which were exceptional even among the refined inhabitants of Saracen cities. What the Saracens did in Italy was to destroy what learning there was. Outside of Magna Græcia, the tenth century was the darkest period of Italian letters. Thus at the close of this century the case stands thus:

First, Byzantium had retained the hearty loyalty of the Greek States in Italy. The principality of Salerno was one of these. As communication with Constantinople was kept up, the language of these States must have been the Greek vernacular of the period. That permitted the familiar reading of ancient Greek.

Second, the German Empire for three generations had been in frequent correspondence with Constantinople, and was as thoroughly awake in educational matters as a rude nation could be.

Third, central and northern Italy was, in matters of education, science and letters, at its worst.

These points are almost conclusive against any theory of the beneficial influence of the Saracens in the Peninsula. The region where they could have done the most good was precisely the one that was in the worst condition. But the Saracenic theory about Salerno has another phase. It is said that Constantinus Africanus, filled with the wisdom of the Arabs, took refuge with the monks of Monte Cassino, translated Greek books of medicine and inspired the brethren with the thought of establishing a medical school at Salerno. This is supposed to have happened toward the close of the eleventh century, and it amounts to a statement that a town which had been Greek in feeling,

in language, in education, at the end of the tenth century had in less than a hundred years forgotten all, and had to be taught anew in Latin. From a medical point of view, this improbable revolution from culture to ignorance becomes incredible when it is considered that Salerno had been from time immemorial a health resort, owing to the mildness of its climate and its mineral springs. The use made of the mineral springs in the medieval legends of Virgil is, I presume, well known. A legitimate inference from those legends, it seems to me, is, not that there ever had been tablets telling how to use the springs, but that there had been a constant succession of advisers more or less expert in prescribing the waters according to the needs of patients. The fact that these men demanded no fee inspired the thought that medical knowledge must in some golden past have been as free as the waters still were. Names of a few such physicians have been preserved. Thus a charter dated in the year 848 contains the name of a Salernitan doctor, and shortly after the year 1050, before Constantinus Africanus had begun the task legend attributes to him, doctors of Salerno were frequent. It is when the professional man goes away from home that the renown of his city is reflected upon him. Thus as early as 946, a physician of Salerno had wandered as far as the Court of Lewis IV. He there met a French bishop learned in the art of medicine and generally erudite. The physician, it is said, though not expert in literature, yet was learned in the practical lore of experience. Those who infer from this that medicine at Salerno at that time was empirical rather than scientific, it seems to me, are wrong. The chronicler simply contrasts a specialist who had practical knowledge with one of those men of varied theoretical learning who were a not uncommon product of the monastic schools of the tenth century. The point to be noticed is, however, that Salerno was mentioned not accidentally, but as if it were already famous. And the physician who was learned only in his own art was apparently the ideal of

Salerno from first to last. In later centuries Salerno was called a university, but it was a medical university only. If this was the tradition of the tenth century as well as the thirteenth, we are justified in thinking that the famous school which preserved the tradition must have been already in existence. At the close of the eleventh century, this school formally announced itself in the dedication of the well-known Salernitan book on the rules of health dedicated to Robert, Duke of Normandy. Still earlier, a medical author of Salerno, Gariopontus, speaks of his associates, and in 1059, while Constantinus Africanus was still in the future, a certain doctor named Rodolfus Mala-Corona, according to the chronicler Ordericus Vitalis, "had so great a knowledge of physic, that in the city of Salerno, where the greatest schools of medicine existed from remote antiquity, he found no one his equal except a certain wise matron, *sapientem matronam*." The words suggest the *sage femme* of modern times, but they may mean somewhat more; it is well known that the history of the university of Salerno commemorates several women who are said to have been learned physicians, professors and medical authors.

These particulars certainly have some weight as against the tradition that the medical school of Salerno was founded by Constantinus about the close of the eleventh century. It is not at all improbable that a medical school of some sort had existed there continuously from Roman times, and that it was never other than Greek until it finally became Italian.

As for the share of the Benedictines of Monte Cassino in the business, it is more likely that they were rather the beneficiaries of Salerno than its benefactors. Two incidents noted by chroniclers will illustrate the point. The first is that Adalbert, Bishop of Verdun, went all the way to Salerno to be cured of the stone in 984. That is evidence for the general renown of Salernitan surgery before the close of the tenth century. Up to that time monkish practice in the same century was far from distinguished. But some thirty or forty

years later, Henry II, Emperor of Germany, went to Monte Cassino to be treated for the same disease. Henry was a passionately devout man, with a profound impression of his own greatness. It would never do for a mere surgeon to operate on him. A solemn religious service was held and the Emperor was then put to bed. In the night he awoke to see St. Benedict, the founder of the order to which Monte Cassino belonged, standing beside him. The saint made an appropriate speech, took the proper instrument from a case which he had somehow obtained, performed the operation, laid the calculus in the hand of his illustrious patient, closed the incision, and vanished. Henry had evidence better than attends most miracles. He displayed the stone the next morning as proof that St. Benedict, though dead several hundred years, was still a rare surgeon. He also conferred valuable gifts upon the monastery.

The first thought is that some monkish surgeon, an inmate of Monte Cassino, personated the saint. I have my doubts. If the German Emperors were liberal of gifts, they were also not sparing of vengeance. The monks would aim to secure the gifts and to turn aside the vengeance if things went wrong. By an impersonation of St. Benedict they made sure of gifts. They could not provide against discovery with any man well known in the monastery as a skillful surgeon must have been. But if they brought a doctor from Salerno, they were not only certain to escape detection, but also, if the Emperor happened to die, to be able to prove that the operation was not the work of any monastic, nor even of a subject of the Empire. These considerations, added to the fact that Salernitan doctors already had an international fame, incline me to think that Salerno should have the credit for this portion of St. Henry's biography.

If for the sake of argument we were to grant any one of the various theories, that Salerno owed its school to Charlemagne, to the Saracens, to Constantinus Africanus and the Benedictines, then we shall be obliged at

once to explain how it happened that the school again became Greek after the lapse of a few years. Adelard of Bath, a famous English traveller, some of whose writings are still read, remarks in a work still unpublished that when he was at Salerno he heard a Greek philosopher lecture on the art of medicine and the nature of things, especially on the reason why the magnet draws iron to itself. Greek philosophers were rare birds in the western Europe of the eleventh century. That one should have alighted in Salerno is incredible, if the legends mentioned are true. But if these are not true, then Salerno was precisely the place for Adelard to go to hear Greek philosophy.

Rashdall, in his "Universities of Europe in the Middle Ages," the Latin quotations in which I have made use of in what precedes, agrees substantially with the opinion that the Salerno school was originally Greek, not Saracen. Reviewing the evidence, he says: "The origin of the school of Salerno is veiled in impenetrable obscurity. There are some traces of the study of medicine here as early as the ninth century, but of course the fact that the town possessed a physician does not show the existence of a medical school. In the tenth century the place was certainly famous for the skill of its physicians; while in the first half of the twelfth century the school is described by Ordericus Vitalis as 'existing from ancient times.' Its European celebrity dates at least from the middle of the eleventh century—about half a century before the teaching of Ivnerius (in law at Bologna) and the earliest dawn of the scholastic fame of Paris. The early revival of medical science at Salerno is the more remarkable inasmuch as (with this exception) southern Italy took hardly any part in the great intellectual movements of the middle age. Salerno was purely a medical school; and in the other faculties southern Italy never possessed a university of more than the third rank. It is no doubt at first sight tempting to trace the medical knowledge and skill of Salerno to contact with the Saracens of southern Italy or Sicily; but it appears to be well

established by the researches of Henschel, Daremberg and de Renzi, that no external cause can be assigned to the movement, any more than to the somewhat later revival of the civil law in the Lombard cities. The medical traditions of the old Roman world lingered on amidst the material civilization of Magna Græcia, just as the traditions of legal culture lingered in the freer and more political atmosphere of northern Italy. The theory which attributes the rise of the school of Salerno to the introduction of Arabic writings by Constantinus Africanus toward the end of the eleventh century is a legend of the same order as the legend about the discovery of the Roman law at the capture of Amalfi, and is as completely inconsistent with facts and dates as the theory which assumes the northern renaissance of the eleventh century to begin with the introduction of Arabic translations of Aristotle. Hippocrates, Galen and the other Greek physicians had been translated into Latin as early as the sixth century; and though these early translations are said to have disappeared, the Græco-Latin medical tradition was no more extinguished by the ages of darkness which followed than Roman law was extinguished in the north by the barbarian invasions. We possess works of the medical writers of Salerno from the early part of the eleventh century. The most important of these early writers is Gariopontus, who wrote *circa* 1040. Their writings contain not the slightest trace of Arabic influence. Their medicine is neo-Latin, but the dominant influence is not that of Galen, but the equally ancient, though less enlightened, system known as Methodism, of which Cælius Aurelianus is the chief representative. After the middle of the eleventh century, however, there are evidences of a more direct acquaintance with the writings of Hippocrates and Galen, and from this time the system known as Humorism becomes the established doctrine of the school. It is from this period—the middle of the eleventh century, a generation at least before Constantinus and a generation at least before the renaissance of the

Roman law at Bologna—that we must date the first medical renaissance. The Græco-Roman medical classics may not have been entirely unknown to the earlier Salerno doctors, any more than Justinian had been unknown in northern Iynerius. But it was at this period that they began to be studied energetically and scientifically, and their teaching to be applied with greater fidelity than heretofore. The smouldering sparks of scientific culture which had survived from the old-world illumination were fanned into a flame by the first breath of that mysterious new spirit which at this time began to move upon the face of European civilization. How shall we explain the concentration of this revival of medical science in the city of Salerno, or (if that be too particular a question to be answered upon *a priori* or general grounds) why did it find its home in this part of Italy? The main cause must perhaps be sought in Roman times. It would seem that, after the full development of the schools, it was in Latin translations that the works of Hippocrates were habitually studied in what was henceforth styled the *Civitas Hippocratica*. But it cannot be doubted that the revival of medical science in the eleventh century was not unconnected with the survival of the Greek language in this part of Italy, and the presumption is strengthened by the fact that the decline of the school after about the middle of the thirteenth century kept pace with the decline of the language. It should be remembered, moreover, that in the tenth century the Counts of Salerno usually acknowledged the Eastern Empire, and that this part of Italy was in constant communication with Constantinople, the headquarters alike of Greek culture and of Greek authority."

In all this the only crevice possible for the insertion of Saracen influence is found not in the beginning of university life at Salerno, but later when the influx of northern students who could read and speak Latin but not Greek made the use of Latin text-books necessary. In a later age, when students had ceased to speak Latin and the popular languages were becoming adequate but were not

yet adapted to learned lectures, Alciatus had to reprimand his students harshly to get them to take enough Latin to understand him. So doubtless the northern students at Salerno refused to learn vernacular Greek and were strong enough to defy the ancient habits of their Greek teachers. The teachers had no taste for translation—in fact, not every man can translate even when he knows two languages—and so they accepted the only Latin versions of their Greek text-books that were accessible. These happened to be the Arabico-Latin versions, and that is the whole of Saracen influence at Salerno. On this slender basis rests probably the remark, about 1173, of the Jewish rabbi Benjamin of Tudela, that Salerno was "the college of the physicians of the sons of Edom"—that is, if "sons of Edom" means Saracens. As this second-hand Arabic influence grew Salerno lost prominence, and Montpellier, where Jewish and Arabic population was always a considerable factor, became the great medical school for a few years in Europe. But even there the direct translations from the Greek finally displaced the unskillful Arabic paraphrases.

NOTE.—President Brissaud, in a recent address before the Faculty of Medicine of Paris on the history of medicine, has this to say: "The history of medicine can be envisaged from very diverse points of view, and, happily, we have the liberty of choosing the outlook which we prefer. The study of the documents which furnish us the materials of this inquiry is a most seductive occupation. It is erudition. It proposes to discover the sources and to ascertain the importance which is to be attributed to each. Unfortunately, I am not erudite. I prefer to confess in advance what you would soon find out for yourselves. I will say, if I may be allowed the excuse, that little by little the sources become exhausted, and that most of them are even now completely drained. There exists in the Bibliothèque Nationale an old collection of Arabian authors from which no one ever shakes the dust. Were these to be translated, we should find little, probably, except copies or commentaries of Rhazes and Avicenna. Erudition, then, is of no more account in this case than it would be in respect to Hindoo literature or Chino-Japanese literature, which are the reputed guardians of hidden treasures." [See *Le Progrès Médical*, Nov. 25, 1899, p. 417.]

Undoubtedly, M. Brissaud's indifference to the Arabian books which he mentions is just

and proper. But it seems to me that the time has come to recast the chapter of history relating to the origin of medical study in western Europe in the middle age. Not that this chapter of history has any particular bearing on the condition of medical study at the present day, but simply in behalf of truth and for the sake of assigning honor where honor is due. If the Arabic medical literature, such as it was, is to be looked on as the base line of all later movement, then there is no need of revising history. But if, as seems to me the case, the Arabians only furnished a "stop-gap" at a moment when Byzantine influence was less efficient than it had been before or than it became afterwards, then history ought to show the fact.

In this respect a revision is taking place all around the horizon of medieval letters. The scholastic philosophy used to be credited wholly to the Latinized Arabic Aristotle. But nothing is better known now than it owed its beginnings to the teaching and example of the Byzantine monk and man of letters, John of Damascus. In siege-craft and the making of military engines in strategy and tactics, the perusal of Byzantine writings has cast new light on dark places in medieval history. Something similar has happened in the history of the medieval drama. For such reasons, one may well suggest the study of such late Byzantine medical writers as are accessible and the recovery of others from the dust of libraries, as tending to restore the truth of history. There was a time when these books were certainly read by some intelligent men in the west, before the general ignorance was brightened and before the Arabians were capable of translating Greek. I shall only mention one trace of this. No word was more prominent in the course of medieval philosophy than "*synteresis*." This is an evident transliteration of the Greek *συντηρησις*. This Greek expression is rare and late, not earlier than the fourth century. I cannot say that it was coined by Greek physicians, but the word from which it was formed, namely, *τηρησις*, was a technical term with comparatively late writers like Sextus Empiricus. This would not be the first time nor the last that doctors have given a turn to the speculations of philosophy. But the point is that this word got into western philosophy in a way which can only be explained by supposing that there were men in the west who either read or talked the Greek spoken and written in their time. And when, further, it is quite possible to reverse the accepted Arabic tradition in reference to the origin of a famous school like Salerno, it seems to me high time to recast the opinions common in regard to the subject of Arabian dominion over European medical history.

PAINFUL menstruation in a sterile patient is strong evidence that there is tubal inflammation with occlusion of tubes.—*Med. Summary.*

DISEASE OF THE RECTUM AND ANUS.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

In entering upon a description of diseases of the rectum and their treatment, I do so with fear and trembling. Twenty-five or thirty years ago most anything would have answered as a treatise upon rectal diseases. Now there is greater knowledge, more absolute methods, greater scientific accuracy in the diagnosis and treatment of this class of diseases. Much more attention in medical colleges is given to rectal diseases than was given thirty-five years ago. Graduates of medical colleges to-day enter the practice of medicine with some knowledge of that very important anatomical structure of the genus homo, to-wit, the anus and rectum.

Forty years—yes, I may say thirty years—ago very little was known, very little was taught, and little attention given to diseases of the rectum. As near as I can recollect, my preceptors in old Rush Medical College, Chicago, hardly ever referred to hemorrhoids or other rectal diseases. At any rate, I never saw a case treated while I attended Rush Medical College. The two physicians with whom I studied before attending lectures at old Rush were very capable men, well read and stood high in the profession, but my attention was not called to rectal diseases by either of them.

We walked the hospitals of Chicago with the eminent professor of surgery, the late Daniel Brainard, one of the greatest surgeons it was ever my lot to meet. Yet I did not in the two terms see a case of hemorrhoids. He did refer to hemorrhoids in one of his lectures. He did not recommend their removal, but advised us to use an ointment of opium and tannin and give the patient sulphur and cream of tartar to keep the bowels active. So far as this went it was good. I doubt if there ever has been a better ointment used for piles, and I doubt if there is to-day any better laxative for the hemorrhoidal disease than sulphur and cream of tartar. He considered it hazardous to remove hem-

orrhoids, as he thought they acted as a beneficial drain to the system, removing deleterious and poisonous matters. If removed he said a great tendency remained for diseases of a more serious character to develop elsewhere. The lungs particularly were liable to develop tuberculosis if the hemorrhoids were removed.

A great many physicians are of the same opinion to-day. Not long ago a gentleman of our city came to me for something to alleviate the pain he was suffering from piles. I recommended their removal. He said he would not think of having it done, for Dr. S——, his physician, had advised him never to have his hemorrhoids removed. Now Dr. S—— is considered to be one of the best general practitioners in our city.

When I commenced the practice of medicine, in 1861, if a case of hemorrhoids came under my treatment I gave them an ointment of opium, tannin and stramonium, to be applied locally, and sulphur and cream of tartar to be taken internally.

I am of the opinion that hemorrhoids have existed from the time of the creation, or at any rate from the time that Adam ate of the forbidden fruit in the Garden of Eden. It seems that diseases had their commencement at that time. I believe the first mention we have of hemorrhoids (called emerods) is in Deuteronomy, twenty-eighth chapter and twenty-seventh verse: "The Lord will smite thee with the botch of Egypt and with the emerods, and with the scab and with the itch, whereof thou cannot be healed." It seems in those days these diseases were considered incurable.

First Samuel, fifth chapter and sixth verse: "But the hand of the Lord was heavy upon them of Ashdod, and he destroyed them and smote them with emerods, even Ashdod and the coasts thereof."

Second Chronicles, twenty-first chapter, eighteenth and nineteenth verses: "And after all this the Lord smote him in his bowels with an incurable disease, and it came to pass that in process of time, after the end of two years, his

bowels fell out by reason of his sickness, so he died of sore diseases."

Second Chronicles, twenty-first chapter and fifteenth verse: "And thou shalt have great sickness by disease of thy bowels, until thy bowels fall out by reason of the sickness day by day."

The bowel disease which afflicted this man is under dispute by commentators. Some think it was hernia, while others think it was hemorrhoids.

Our earlier physicians do mention hemorrhoids, and recommend the patients so suffering to sit over hot water which has hay and dead leaves boiled in it. They also recommend cathartic remedies to be used. One old doctor recommends the feces of the sheep to be taken after each meal and a poultice made of cows' dung applied when the piles were down.

I simply refer to these old ideas of hemorrhoids to show they were recognized and treated at a very remote period of time. No doubt they occur to-day with more frequency than they did a century ago. The mode of living and eating at the present time naturally accounts for this. People a hundred—yes, fifty—years ago lived much more in the open air and in the country than they do to-day. Food was pure and not adulterated. I will speak of this later, however.

Charlatanism and quackery have been the means of a more general and scientific study of rectal diseases than perhaps any one cause. In fact, twenty-five years ago their treatment was almost entirely in the hands of charlatans. When the carbolic acid treatment was so generally in vogue and so many cures being produced from its use, physicians and surgeons began to make a closer study of rectal diseases than they formerly had done, and out of this study has evolved and taken place scientific methods of treatment. Had it not been for the prominence that charlatans had reached in the treatment of rectal diseases we would probably be about as we were twenty-five years ago—a little further advanced, no doubt, but not up to the standard that we have reached to-day.

No examination of rectal diseases

was made thirty years ago. We took the statements of patients and prescribed accordingly. Nearly every patient had heard in some way about piles being a disease of the rectum, and when they applied to a physician for treatment they described their case as piles, and the physician prescribed for piles. The prescriptions were nearly all alike—opium and tannin ointment, with perhaps a cathartic.

Rectal diseases now are considered of such importance that no medical college devotes less than ten or twelve didactic lectures to them, as well as having extensive clinical teaching and demonstrations, having all classes of disease of the rectum brought before the classes, and diagnosed and treated in their presence during each term. Some colleges, the better to advertise the specialist perhaps, have professors of rectal diseases.

There have been some special and very able works published during the last fifteen or twenty years upon rectal diseases. The most prominent of these in America are by Mathews, Kelsey, Gant and Van Buren. Andrews' and Agnew's works are of less importance and less extensive, yet fairly good. I think now that the medical profession generally, unless it may be comparatively a small number of mossbacks, are of the opinion that the rectum is of some considerable importance, and that it is necessary, as nearly as we can, to keep in it a healthy condition.

It is not my purpose to enter very extensively into the anatomy of the rectum. This can be better learned from Gray's Anatomy than it possibly could from any description I am able to give. The lower portion of the intestinal tract is called the rectum. From the anus to the sigmoid flexure it is from six to eight or nine inches long. It is situated in the left iliac fossa. Commencing at the sigmoid flexure, it curves down towards the right side of the pelvis; it then curves forward almost at an oblique angle; from this point, which is about the apex of the coccyx, it turns backward and downward to the anus. It is said to have three coats—peritoneal, muscular and

mucous. The upper portion of the rectum has the sacrum back of it, and the bladder in the male and the uterus in the female in front of it.

The mucous membrane of the rectum requires a more extended description than does the peritoneal or muscular coats, because this membrane in this locality is so apt to become diseased. A wise provision of nature has made it thicker than it is in any other portion of the large intestine. We find in it many mucous follicles, which can be easily seen. One portion seems to fold over another; in fact, we have many of these folds when the rectum is empty. They are smoothed out when the bowel becomes filled. In these folds we find what the Homeopaths claim to be abnormal pockets—that is, if we do find them we find a diseased condition. If this be the case every rectum that I ever examined has been diseased, for I have always found them. They are in no way abnormal, but are, I believe, entirely natural. They seem to have a twofold purpose—one to secrete mucus, and when pressed upon by feces in the rectum they exude this mucus to lubricate the parts. I believe, also, they have power to absorb matter injected into the rectum, and hence we get good results from rectal medication.

The arteries are the superior hemorrhoidal, the middle hemorrhoidal, the inferior hemorrhoidal. The veins are the same as the arteries. In the plexus of hemorrhoidal veins situated in the lower part of the rectum we have the superior hemorrhoidal vein, which carries the blood from the rectum to the portal system. This vein passes up under the mucous membrane of the rectum about three inches or a little more. It is supposed that the veins pass through muscular openings which have the power of contracting from rectal irritation, thus closing their calibre and preventing in this way the return of the blood to the liver, and thus being the cause of hemorrhoids. The idea seems to be plausible.

The nerves of the rectum proceed from the cerebro-spinal and the sympathetic. The former are from the

sacral plexus, and the latter from the mesenteric and hypogastric plexus. The inferior hemorrhoidal branch supplies the lower end of the rectum. The pudic comes from the same part of the cord as the sciatic. I presume this accounts for the pain in the limbs which we occasionally have from a fissure in the anus. We have lymphatics in the rectum, which absorb more than is generally supposed.

The anal opening is a small orifice situated about an inch anterior to the coccyx. Internally it is covered with a strong integument provided with sebaceous follicles. In many instances it is surrounded with a large crop of hair externally.

The muscles of the rectum are the external and internal sphincter and the levator ani. The action of the external sphincter is to close the anus and assist in expelling the contents of the rectum. Sometimes we find it very strong; in other cases hardly sufficient contractile power is present to prevent the feces from passing out. The internal sphincter has but very little contractile power. It is presumed to aid in the expulsion of feces, and I presume it does to some extent. The levator ani compresses the rectum and the neck of the bladder in the act of defecation. When this muscle contracts in an action of the bowels it closes the urethra, so it is almost impossible for a person to urinate and expel feces at the same time.

The rectum has no longitudinal bands. It is capable of great distension; when full it may fill almost entirely the pelvis. When feces enter it the desire for defecation occurs. It may, from constipation or from feces remaining in the rectum for any great length of time, lose its sensitiveness and compacted feces may result. The rectum is naturally empty until just before defecation. The desire for an evacuation is produced by the feces entering the rectum. If the rectum remains empty there is no desire for defecation, but in a healthy condition so soon as the fecal matter enters it the desire begins.

The frequency of the action of the bowels depends greatly upon habit,

diet, and the amount of water taken into the system. I believe, as a rule, that males have more evacuations of the bowels than females. This may be explained from their more active life than females. In a natural condition the bowels ought to act once in twenty-four hours.

503 W. Chestnut Street.

The Confectionery of the Future

The official organ of the International Commission for the Suppression of Adulteration, the *British Food Journal*, for this month calls attention to an important, but somewhat delicate question in respect of the employment of saccharin in lieu of sugar in the manufacture of jams, confectionery, fruit syrups and the like. Sugar, it is pointed out, is a food, which saccharin is not; indeed, the latter is of the nature of a drug, to be employed accordingly. It possesses antiseptic properties which, however valuable to the manufacturer of food stuffs, may, in the long run, prove injurious when taken by persons with normal digestions. Moreover, it enables ingenious traders to give glucose the sweetening power of cane sugar, thus defrauding the purchaser who expects to get not merely a delicacy, but a food. As the law at present stands, we doubt the possibility of preventing this, the latest form of trade adulteration. The manufacturer does not define the nature of jam, he does not pretend that it contains this, that or the other substance except perhaps the particular fruit by which it is described, so that it would be difficult to bring home a charge of fraudulent substitution. Still, if our jam is not real, where are we? It may come to pass, with the progress of culinary chemistry, that not even the fruit will be thought necessary. There are plenty of synthetical compounds which may be trusted to give the pleasing delusion of a given flavor, but we pity the youngsters who are condemned to lard their slices of bread with a compound of saccharized glucose, colored with aniline and flavored with jargonelle pear, for instance.—*Med. Press and Circular*.

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of December 11, 1899.

THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

Specimen of Acute Dilatation of the Stomach.

DR. JOS. EICHBERG: I have here a stomach which was removed from a man whose history I will read you in brief. The stomach is not quite as large as it was when it was removed, a good deal of air having been forced out of it. This man was forty-four years of age, a boatman by occupation, travelling up and down the river. He was admitted to the Cincinnati Hospital on the 23rd of October. When the stomach, after its removal, was distended with water it contained easily ten pints. This complication of acute dilatation of the stomach during convalescence from an acute disease is exceedingly rare. In addition to anemia and the other symptoms with which his convalescence was complicated, he had a granular kidney, and it is in cases of interstitial nephritis that acute dilatation of the stomach has been observed. I thought the specimen of sufficiently unusual occurrence to deserve presentation here.

As I propose publishing the history in full, I would ask that the subject be merely mentioned as a demonstration of acute dilatation of the stomach of unusual degree.

Specimen of Pyonephrotic Kidney.

DR. SETH EVANS: I have here a specimen of a kidney which I removed from a woman eight days ago, who was suffering with pyonephrosis. As near as I could get at it, her complaint began some twelve years ago. She first noticed an increased amount, with turbidity, of the urine. Since that time she has had attacks of renal colic. She never passed any calculi, gravel or sand. The disease always affected the same side.

She had frequent and painful micturition. I examined her two weeks ago, and found an enlarged and somewhat displaced kidney on the right side, and also discovered two cicatrices from incisions made in a former operation, one of which was anterior over the linea semilunaris and the other in the loin. She told me that she had been operated upon twenty months before I saw her for floating kidney. She may have had a floating kidney, but I imagine that pyonephrosis was the cause of her trouble. When I made my incision and got down upon the kidney I found it distended to about twice its normal size and filled with cysts. On attempting to isolate it I found the adhesions so firm that I was in danger of breaking into the vena cava if I continued to try to remove it. For this reason I simply peeled the kidney out of its proper capsule. The operation was easily made. Her pulse and temperature to-day are normal, and she has passed thirty-eight ounces of urine. I regret not having a fresh specimen to present, but I preferred to have a week pass before bringing the case to your attention.

Specimens of Gall-Stones.

DR. GILES MITCHELL: I have here some gall-stones which I removed from a woman last Thursday, at St. Mary's Hospital. The patient, Mrs. F., is fifty years of age. She has had for the past two years attacks of what she called biliousness, which attacks were attended with severe pain, which was relieved by morphine hypodermatically. She had two attacks while in the hospital, one of which was so severe as to require the hypodermic use of morphine to relieve her, the pain lasting for thirty-six hours. The patient was only slightly jaundiced, but gave a history of having had jaundice when eleven years of age. The gall-bladder was extremely small, and was found after much difficulty. The stones were readily palpated through its thickened and contracted walls. Before opening it I stitched it with a running suture of cat-gut to the peritoneum. I then took out the stones, washed out the blad-

der, sewed up the wound and put in a drainage-tube. The stones are not very large, but are typical. The highest temperature she has had since operation is 101°. To-day it is normal, with a free discharge of bile from the tube.

December 30, 1899. Mrs. F. is rapidly convalescent, is out of bed and will leave the hospital in a few days.

Exhibition of New Instruments.

DR. C. R. HOLMES: I desire to show a few new instruments that were exhibited at the late International Otolological Congress in London.

Instrument No. 1 was devised for the purpose of arresting nasal hemorrhage. This is accomplished by means of a rubber bag which is passed through the nares into the posterior part of the nose till one end protrudes into the pharynx; it is then inflated with this miniature Politzer bag and the clamp and plug put in position. The object is to close the anterior and posterior openings of the nares. Theoretically it it appears very nice, but I have found that it is difficult to keep it inflated; that, however, is only a defect of construction.

Instrument No. 2 was gotten up for the purpose of cleansing the mouth and gums where there is much salivation or inflammation of the alveolar processes. It is made of glass, crescentic in shape, and of such size that it can be placed between the lips, cheeks and gums, or placed inside of the oral cavity. There are numerous holes arranged in parallel rows, through which fine streams of medicated solutions can be made to play upon the inflamed gums, the force being regulated by the height of the reservoir.

Instrument No. 3 was designed by Dr. Zarniko, of Hamburg. Desiring to improve upon the ordinary head mirror so that it could be made absolutely aseptic, he devised this instrument. Several sterilizable headbands come with the instrument, doing away with the necessity of sewing on the band to the forehead mirror. You simply slip these extra bands through the metal loops and hold with a set-screw, while a neatly devised clamp

takes the place of the usual buckle. In addition to that, there is a small metal thumb-plate which slips over the edge of the mirror, so that in handling the finger remains sterile.

Meeting of December 18, 1899.

Multinodular Fibroid Tumor of the Uterus.

DR. R. B. HALL: I have here two very interesting specimens that I wish to present to-night. The first one is a multinodular fibroid tumor of the uterus. The whole mass, including the uterus, makes a tumor about the size of an adult head.

This tumor was removed from Miss P., a school teacher, about thirty-three years of age, who was referred to me by her physician, Dr. Ferguson, of Camden, O., some four or five weeks ago for an examination and opinion. She had been conscious of a tumor in her abdomen for more than three years. She has never had profuse menstruation or any hemorrhage from the uterus. This fact is not hard to explain when you examine carefully the tumor and its connection to the uterine body. The operation was made at my hospital, December 6, 1899. The uterus itself is not much enlarged, and all of the tumors are subperitoneal and have but a very loose attachment to the uterus. As you will observe, there are about a half-dozen tumors, all larger than an orange and some of them as large as a pint cup. These make up the bulk of the tumor. In addition to these, there are a large number of smaller ones. One of these tumors (the largest) developed from the posterior part of the uterus near the cervix and grew in such a manner that it lifted the body of the uterus up out of the pelvic cavity. This tumor occupied the pelvic cavity, and is molded to conform with it, as you will observe. This part of the tumor had become adherent, from some previous inflammation, to the pelvic cavity proper, as you will observe from the shreds of adhesions attached to it. The uterus was to the right of the tumor and above it, resting against the

abdominal wall. I had considerable difficulty in enucleating this adherent mass from the pelvic cavity. One of the ovaries had a hematoma in it, holding an ounce or more of old blood-clot, that was adherent behind this tumor, out of sight, and probably had become infected from the rectum, as the ovary was attached to it. This ovary was ruptured and the contents were spilled over the field of operation, but were at once wiped away with gauze and everything sterilized as carefully as possible. This blood-clot did not come in contact with a space more than an inch to an inch and a quarter square, but it was sufficient to infect her, and she had a most severe attack of peritonitis.

The operation was completed in the usual manner, and the patient put to bed within the hour. Everything went well for twenty to twenty-two hours. At the end of that time her pulse rapidly increased in frequency, but her temperature never went as high as it sometimes does in peritonitis. Her temperature ranged from 102° to 103° , but was never above that. Her pulse at the end of twenty-four hours was 140. It varied from that to 160 to the end of the third day, when convalescence was established. Since that time she has had a smooth convalescence, with a normal pulse and temperature. The stitches are all out. There has not been a red line or a drop of pus.

On two or three former occasions I have had this same complication of a hematoma in the ovary, holding an ounce or two of blood, that has been spilled during the operation and the patient suffered from frightful peritonitis. I have come to regard this condition to be just as dangerous as any pus cavity which may be encountered in abdominal operations. The operation was made in this case because she suffered so much from pressure, and the tumor could not be lifted out of the pelvis.

Postperitoneal Cyst.

The second is a fresh specimen, removed to-day, a postperitoneal cyst.

Mrs. B., aged fifty-two, of Lawrenceburg, Ind., was referred by her physician, Dr. Walters. She has been conscious of the presence of a tumor for five years, the abdomen gradually enlarging until now. I saw her first at her home on last Tuesday, December 12. She entered my private hospital on the 14th, and was operated to-day, the 18th, and this large tumor removed. The clinical history was very similar to that given by a patient suffering from an ovarian cyst. The physical examination was identical with that of a unilocular cyst. There was complete prolapsus of the uterus. The cervix protruded some five inches below the symphysis. Over the anterior part of this protruding mass there was a ragged ulcer two inches wide and three inches long, due to chafing against her clothing. The uterus could not be replaced.

The pelvic cavity was filled with the tumor mass. The patient was greatly emaciated, but was able to walk about her room. The abdomen appeared very large in comparison with her emaciated body, she being a small woman. Over the entire abdomen were enlarged veins. The feet and legs were not swollen. The heart was normal. There was nothing abnormal in the urine. Except her extreme emaciation and loss of strength, she did not suffer much except from the annoyance of the weight and size of the tumor and the prolapsus.

I believed before operation that this tumor was an ovarian cyst. Upon opening the abdomen the appearance was not unlike a broad ligament cyst. I tapped it, emptied it of its contents, and by making traction upon the cyst wall I was able to replace the uterus by pulling it back into the abdomen. Upon examination I found both ovaries, tubes and broad ligaments perfectly normal. The uterus was somewhat enlarged. The tumor grew wholly postperitoneal. The peritoneum was loosely attached to the cyst, and I at once decided to enucleate it if possible. This was accomplished in a very few minutes with the loss of but a surprisingly small quantity of blood, probably less than one ounce. The whole peritoneum

covering the tumor was well supplied with blood-vessels, but they could be detached from the cyst wall with the perineum with perfect ease, without rupturing them. There was not a single vessel that required a ligature. There was no pedicle to the cyst. It was not connected in any way with the uterus, ovaries, tubes or broad ligament. It did not dissect up the perineum in the pelvis. That portion of the tumor projecting into the pelvis carried its own covering with it, and occupied the pelvic cavity proper. A large part of the intestinal tract, with the mesentery, formed the covering for the upper portion of the cyst wall. In making the operation the uterus was fixed to the anterior wall of the abdomen. A portion of the peritoneum covering that was the least supplied with blood-vessels was cut away, and I present it here. The remaining portion was puckered together, stitched and tied with cat-gut. This stump was stitched to the wall of the abdomen and a glass drainage-tube placed in site of the sac. The abdominal cavity was not drained. The patient rallied nicely, and her condition is satisfactory. I will report at another time the outcome of this interesting case.

What the pathology is in this specimen I am unable to say. I present in this bottle a few ounces of the fluid removed from this cyst. It is almost as thin as water, with a slight green tinge to it. It is without odor. There were fifty-six and a half pounds. The tumor itself weighs but a few ounces. The tumor measures in the largest circumference four feet, and in the shortest three feet six and a half inches.

Specimen of Intraligamentous Cyst.

DR. C. L. BONIFIELD: This specimen of intraligamentous cyst was removed at the Good Samaritan Hospital last Friday, in the presence of the students of the Medical College of Ohio. It is not blown up as is the specimen presented by Dr. Hall, and, if it were, it would not be so large as his, though it filled the pelvis and extended far above the umbilicus.

The three most common forms of ab-

dominal cysts are the ovarian, the par-ovarian or broad ligament, and the intraligamentous. The ovarian is multilocular, and contains fluid dark in color and of varying consistency. The broad ligament cyst is unilocular, thin walled, and contains a clear fluid. The specimen Dr. Hall has exhibited would be regarded as a typical one of this kind had he not told us that it was of different origin. The intraligamentous cyst derives its name from the fact that it grows between the folds of the broad ligament. It may be either unilocular or multilocular. The fluid resembles that of the ovarian tumor, even the unilocular ones not having limpid fluid such as is found in broad ligament cysts. The intraligamentous cyst is of great clinical importance, for two reasons: First, its situation between the folds of the broad ligament makes it extremely difficult to remove; and second, because the multilocular variety usually contain papillary ingrowths, and are semi-malignant. The intraligamentous cyst is supposed to originate in fetal relics in or near the hilum of the ovary.

On account of its situation, the intraligamentous cyst has no pedicle, and before Goodell published his paper in the January number of the *American Journal of Obstetrics* for 1888, their true nature was not recognized by most operators, and it was rare that one was successfully removed, marsupialization usually being practiced when one was encountered. To Miner, of Buffalo, is due the honor of having first discovered the proper way to remove them, but Goodell, in the paper above mentioned, in his usual clear and charming way, described the procedure, and it at once became the common knowledge of the profession. It consists in cutting through the broad ligament high up on the tumor, where the vessels are smaller and not so numerous as they are lower down, and after having tied or clamped the ovarian artery, both at the brim of the pelvis and at the horn of the uterus, shelling the tumor out. This is not only difficult, but dangerous, for the tumor in descending between the folds of the broad ligament lays bare

the iliac vessels and the ureter, and there is great danger of wounding these important structures. The attachment of the tumor to the uterus is often most intimate, and Goodell pointed out that it was sometimes safer to do a hysterectomy than to attempt their separation. Goodell recommended drainage of both the peritoneal cavity and the broad ligament, but most operators now find it unnecessary to drain either. After the tumor has been enucleated the broad ligament is trimmed down to the size needed for neat apposition without redundant tissue; all vessels needing it are ligated; the oozing is controlled by repeated packing with hot sponges; and when the folds of the broad ligament are finally brought together there is little cavity left between them for blood to accumulate in. If drainage of the ligament should be necessary it would be preferable to make it per vaginam. In the case here reported the line of sutures closing the peritoneum extended from the mesocolon, at the sigmoid flexure, over the crest of the broad ligament, and down one side of the uterus, where the peritoneum was accidentally torn.

I said these tumors were semi-malignant; by that I meant if the fluid from one of these tumors containing papillary ingrowths escapes into the peritoneal cavity, either from rupture of the cyst wall or at the time of operation, the peritoneum becomes inoculated with the papillary growths, and they will destroy the patient's life in from six to eighteen months.

My patient is convalescing nicely, and, as there was no contamination of the peritoneum, I expect her to make a complete and permanent recovery.

Specimen of Adenoma of the Breast.

DR. J. AMBROSE JOHNSTON: I have here a specimen of adenoma of the breast, which was removed six days ago from a woman forty years of age. This tumor has been growing for about three years. There was no enlargement of the glands in the axilla. It is rather a nice specimen of adenoma.

Specimens of Gall-Stones.

DR. GILES MITCHELL: I have here an interesting specimen of gall-stones, which were removed on last Friday from a woman at St. Mary's Hospital. Patient, Mrs. C., aged fifty-eight, I saw for the first time about ten days ago. She gave the usual history of periodical attacks of pain and vomiting, together with constipation, extending over a period of three or four years. She was slightly jaundiced. When I first saw her she had intense pain in the right hypochondrium. Her temperature was then 102.5°. She was sent to St. Mary's Hospital, and three days prior to the operation she had no elevation of temperature. The stones are three in number, quite large, and of the mulberry variety. I had some difficulty in finding the gall-bladder, owing to the dense omental adhesions to the liver, due to former inflammatory conditions. The fluid in the gall-bladder was perfectly clear, there being no bile in it. The smallest of these stones was pretty well down in the duct, and it was with much difficulty that I succeeded in removing it. I could feel it with my finger tip, and I finally succeeded in getting it out with the aid of a small dull curette.

In this case I opened the gall-bladder before uniting it to the peritoneum. After washing it out it was united to the abdominal wall with silkworm-gut sutures and a rubber drainage-tube inserted. There is a free flow of bile through the tube, and patient's temperature this morning was normal.

The patient from whom I removed the gall-stones which I exhibited to the Academy last Monday night is making an unevenful recovery.

NEVER allow a room to be swept or dusted just before an operation. Cover everything with wet sheets, if necessary, so as to prevent the raising of dust.—*Med. Summary.*

HEROIN is said to promptly relieve cough of all kinds, especially the cough of tuberculosis.—*Med. Summary.*

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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CINCINNATI, JANUARY 27, 1900.

Editorial.

ACROMEGALY.

Cincinnati physicians were much interested in the remarkable instance of this disease presented by Dr. Kennon Dunham before the Academy of Medicine, January 22—that is, those who were fortunate enough to have been present. While this case did not present all the symptoms that have been looked upon as characteristic, yet they were in sufficient abundance to yield a ready diagnosis. It is probable that with the progress of time the symptoms will become more pronounced. It seems curious that a malady with so striking a clinical picture should have a scientific literature of only about fifteen years, even though it is so uncommon that not two hundred authentic cases have been described in that time. Hinsdale, indeed, whose monograph, published in 1898, is probably the most recent as well as the most exhaustive treatise yet produced, has been able to collect but one hundred and thirty-five.

The pathological changes found by

autopsy have been fairly constant—an enlargement of the pituitary body; a dilatation of the sella tursica, with or without its hypophytic rider, and a persistence of the thymus gland, these lesions decreasing in frequency in the order named. Not so commonly there have been described degenerations in the thyroid gland, usually of a fibroid character. Thickening of the lips, tongue and larynx are not uncommon. The most striking feature is the enlargement of the bones of all parts of the body. Microscopically these osseous changes have been shown to be chiefly a hyperplasia of the spongy portions of the bone. Almost every kind of lesion that could cause enlargement, even though there be subsequent atrophy, has been found in connection with the pituitary body, but tumors, particularly sarcomata, are the most common. The point is that almost every case shows a lesion which would interfere most seriously with the function of the pituitary body, supposing that it has a function. Studies in comparative anatomy and embryology have tended to prove that the organ was at one time a combination of nervous tissue and gland substance, provided with an excretory duct. The progress of ages has resulted in an obliteration of the duct, and the gland secretion is now probably taken up by the lymphatics as an "internal secretion." In cases in which there has been no pituitary body found, but a dilatation of its saddle, the inference is plain of its previous hypertrophy, with the lesion (hemorrhage?) continuing to subsequent atrophy. On the other hand, not every case of microscopic or even gross lesion of this gland is followed by acromegaly or gigantism. Is it not probable to suppose that the lesion has not been sufficient to seriously interfere with the function (in-

ternal secretion) of the gland? All these conditions find their analogue in the suprarenal capsules (Addison's disease) and the thyroid (myxedema). Another theory to which some attention must be given is that the lesion, in its incipency and for some time later, may, by its irritating presence, so stimulate the glandular tissue as to cause an increase in the "internal secretion," and that this increase is the cause of the attendant hypertrophies, a position not untenable. All these suppositions lead to the idea that the pituitary body has for its peculiar function the regulation of skeletal proportion—in other words, that it is the "growth centre."

To return to the present case, the peculiar spade-like condition of the hands, the enlarged feet, hypertrophied ears, the broad nose, the swelling of the lower lids, the prominence of the maxillæ, with separation of the teeth, all were in evidence. So, too, was the kyphosis and the enlargement of the other bones of the thorax. Among subjective symptoms were persistent headache and amenorrhea, the latter being almost constant among the female victims of the disease. Space does not permit a full description, nor does the writer wish to anticipate the publication of this important paper. It is enough to call attention to the eye symptoms, which were very significant of enlargement of the hypophysis. Remembering the proximity of the optic chiasm and the nucleus of the third nerve to this gland, it is not unlikely that symptoms caused by the pressure of a tumor upon their structures would be forthcoming. This patient had a bitemporal hemianopsia, almost complete, practically pathognomonic of pressure upon the chiasm. In addition, there was a central scotoma of some size in both eyes, showing that

the special fibres to the macula lutea, which cross just anterior to the decussating fibres of the nasal halves of the retina, have also been pressed upon. Lastly, there were evidences of optic atrophy, most advanced upon the nasal side. Such evidences as these are most important, not only as old and tried symptoms of our disease, but as going far to again show that another has been added to the list of acromegals, and due to enlargement of the pituitary body.

M. A. B.

"STRINGTOWN ON THE PIKE."

Some three years ago the literary world was fairly startled and then enraptured by the appearance of an unusual star in the firmament of letters. For the delectation of the reading public, Mr. John Uri Lloyd gave out his remarkable book entitled "Etiodorpha," in which there is developed the work of one of the most resourceful authors of the age. Erudition is stamped on every page, and versatility of knowledge in every chapter.

The genius of Mr. Lloyd has not been asleep or at rest. One of the large publishing houses, Messrs. Dodd, Mead & Co., of New York, announce as their serial story for the *Bookman* of 1900, beginning in March, "Stringtown on the Pike." While the story has all the fascination of fiction, it is mainly an o'er true tale of American life in the Commonwealth of Kentucky. The characters are every-day people, and include the clergyman, doctor, judge and colonel. As a portrayer of original character the author is not surpassed. He is neither the Dickens nor Thackeray of America, but he is the John Uri Lloyd of American literature, where his rating is established on a firm and lasting foundation. His place and position are unique. If asked in

what direction Mr. Lloyd excels as a writer a correct reply would be difficult to give. His first indelible tracings are found in clear, crystallizable science, where, as a matter of course, there is to be found neither sentiment nor emotion. His equations, problems and formulæ were always rigidly correct, true and self-proving. When delving in the occult he was equally a master. Finally, his genius is bursting forth in a fiction that is full of thrilling passion, pathos, wit and humor.

"Stringtown on the Pike" is a homely name of a homely story. The very homeliness and truth to life is the attraction and feature that will create a demand for it among all readers of good literature.

This is not a fulsome puff, for the writer scarcely scans the marks of merit due in a consideration of good things to be soon placed within reach of the American public.

EDITORIAL NOTES.

THE *Coming Age* has already become a great favorite in ten thousands of the thoughtful homes in America. Indeed, its rapid growth in public favor is at first sight rather surprising when we remember that it devotes its chief space to the thoughtful discussion of serious and vital problems of the hour and hence cannot be expected to appeal to the popular taste which seeks entertainment rather than instruction. Doubtless one reason for the success of the *Coming Age* is found in its diversity and the wisdom displayed by the editors in supplying interesting conversations, biographical sketches, and a liberal amount of entertaining fiction. In regard to the latter the *Coming Age* for 1900 promises to be of special interest. The January number opens

with a romance of life and love by Mrs. C. K. Reifsnider, entitled "Two Hearts for One," which is to be liberally illustrated by character drawings made by a well-known artist. This story opens well and the editors announce that it will be a novel of strength and absorbing interest. "A Modern Minister," a novelette by George Sandford Eddy, also comes in the January number and will run for the next three months. It is a story somewhat of the order of "In His Steps," but is immeasurably stronger and more finished than the latter. The *Coming Age* for January is one of the most attractive of the great American monthlies.

THE Medical Society of the State of New York will hold its ninety-fourth annual meeting on January 30 and 31, and February 1, 1900, in the City Hall, Albany, commencing at 9:15 A.M., on the 30th and ending at 1 P.M. on the 1st.

THE *Southern California Practitioner* has reduced its subscription rate from \$1.50 to \$1.00 per year.

PUBLISHER'S NOTICES.

FOR SALE—Surgical chair, nearly new; some surgical instruments, medical books, etc. Cheap, owing to contemplated removal. Address at once, DR. A., LANCET-CLINIC office.

DIETETIC NOTES.—Realizing that in many of the diseases in which Lithiated Hydrangea has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, the Lambert Pharmacal Company have had prepared *Dietetic Notes*, suggesting the articles of food to be allowed or prohibited in several of these diseases. A neatly bound book of these dietetic notes, each note perforated for the convenience of physicians in detaching and distributing to their patients, will be sent free of cost, by addressing Lambert Pharmacal Co., St. Louis, Mo.

Correspondence.

UNIVERSITY MATTERS.

CINCINNATI, January 22, 1900.

Editor LANCET-CLINIC:

Your editorial in the LANCET-CLINIC bearing upon University matters can but call forth some criticism and comment from fair-minded readers. The question very naturally suggests itself, why an institution having for its object the education and training of the youth of our city and surrounding country should be allowed to remain in a condition of chaos for a succession of years? Evidently some one is to blame; some one is responsible for such criminal carelessness. The existence of such a condition for a brief space of time could be overlooked and excused, but from the tenor of your editorial the conditions have existed for years. The citizens, and more especially the alumni, have a right to ask and insist upon knowing why the University, an institution of such significance to the educational interests of the city, should have been so neglected. The natural inference must be that they (the alumni) have not received the educational equivalent justly due for time and labor spent, growing out of the incompetency of teachers and methods.

Certainly no one will stand in the way of progress. All are anxious to have the U. C. placed upon a good solid working basis, ranking with the best institutions of learning in the country, and yet, with all these earnest desires, the query very naturally arises, why all this delay and loss of valuable time? Years of inertia and stunted growth have been approved or sanctioned by some one—if not by word, certainly by lack of effort. Some one is responsible; if at the door of the Trustees of the University, the same method or rules should be applied to them by the creative powers as applied to the faculty by Prof. Ayers. The pruning hook should be liberally used, thereby striking at the root of the evil. Men who will allow or sit by quietly and ignore matters of such grave import sanction them by inactivity, and

this for years, have no right to the confidence and approval of the public, more especially the tax-payers and patrons of the University. I am heartily in favor of any legitimate steps that will advance the best interests of the institution, but I am *not* in favor of stultifying the public by trying to make appear that which does not actually exist. Respectfully,

W. H. DEWITT.

61 Auburndale Place.

F. E. HARRISON, M.D., Abbeville, S. C., says: I have used Celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

TREATMENT OF LA GRIPPE.—Dr. H. D. Fulton, of Pittsburg, Pa. (*N. Y. Medical Journal*, December 30, 1899), details his experience with heroin, which he has employed in a large number of cases, comprising simple bronchitis, bronchitis associated with measles, the bronchitis of la grippe, chronic catarrh, acute pneumonia and phthisis. Some of the remedy was obtained in December, 1896, while the epidemic of la grippe was at its worst, and the effects of the agent as a cough-relieving remedy in this disease were prompt and definite; the degree of comfort afforded the patient was in marked contrast to that usually derived from the ordinary remedies. In those cases in which the patient is harassed by almost incessant cough, or by severe paroxysms occurring in the night, so greatly interfering with the rest and comfort of the subject, and leading to an exhausted condition on the following day, its good effects were especially noticeable. In la grippe the range of its usefulness is limited apparently to the allaying of cough, and it does not otherwise influence the course or duration of the disease. The remedy was exhibited in this affection, in simple and in complicated cases, with the one uniform result of securing relief from the distressing symptom of cough by lessening the troublesome bronchial irritation which usually exists. The administration of heroin in phthisis at any stage was followed by the most satisfactory results in the way of securing freedom from cough and thereby promoting rest at night.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

The Treatment of Eczema.

Max Joseph (*Archiv f. Kinderheilkunde*, Bd. xxvi, Ht. v-vi) blames too frequent washing and bathing as the causes of many cases of eczema. Strongly alkaline soaps add to the injury done by the water. He recommends bathing only once a day; the skin to be cleaned with oil and absorbent cotton whenever necessary. A neutral soap only is used in the bath. In the erythematous stage of eczema Joseph permits the daily bath in some cases, followed by the use of a bland powder (*e.g.* starch). A thin film of vaseline will cause it to adhere better. In the moist stage no water at all is used.

Here the best application is a lotion composed of one ounce of liquor aluminii acetici to half a pint of water, the compresses put on very wet and changed every hour or two. As soon as the skin looks dry and tense, ointments are indicated. The author uses a modification of Lassar's paste, leaving out the salicylic acid on account of its keratolytic action. Over the ointment a light dressing is employed. These dressings are renewed twice a day, without previous removal of the old salve. Once only in three or four days are the affected parts cleaned with oil and absorbent cotton. A similar treatment the author uses for weeks and sometimes for months, using no baths until the time when recovery is fairly started.

In mild cases of eczema or in convalescent cases Wilson's ointment is excellent.

Tr. benzoin, ...	3iv
(evaporate to 3ii)	
Ung. aq. ros. ad., ...	3iii
Zinc. oxid., ...	3ii

Tar is employed only after all redness has disappeared. It is best used in form of oil of cade added to the strength of 5 per cent. to the modified Lassar paste, and increased to 10 per cent. only if well tolerated. At times when the oil of cade is not well borne, the liq. car-

bonis detergens does very well. A 2½ to 5 per cent. solution is painted on in the morning and the place covered at night with the zinc paste dressing.

Eczema of the scalp is often caused by pediculi. A solution of corrosive sublimate is the best to kill the parasites. If this is used with vinegar the removal of the nits will be greatly facilitated. Corrosive sublimate 0.5, vinegar 250 is recommended. After this solution has been used twice on the first day, the following salve can be used at once or after employing the acetate of aluminum solution for a few days to get rid of the irritation.

Hydrarg. sulfurat. rub., . . .	gr. xv.
Sulf. sublim., ...	3i
Ol. bergamott., ...	gtt. xxv.
Vaselin. flavi. ad., ...	3iii

—*Archives of Pediatrics.*

Sudden Death in Infants.

The sudden death of children from a few days to a few months old is an accident which but too frequently provokes unjust condemnations, or, at least, unworthy suspicions on the doctors or the nurses who have had charge of them. Habitually, the accident happens thus: An infant appearing to be in perfect health dies suddenly in its bed or on the knees of the nurse. The autopsy reveals no cause which might explain the sad affair except a simple hypertrophy more or less considerable of the thymus gland. Sometimes, however, the death is preceded by a very short period of dyspnea. M. Berthold, who has written on the subject, cites the case of a nurse who was accused of killing the child confided to her; fortunately, the postmortem examination showed that the thymus gland was considerably enlarged. Besides hypertrophy of the above gland there are, according to the same author, two other kinds of sudden death in children—spasm of the glottis and brusque extension of the head backwards. This latter accident is mainly observed in rickety children, in whom the head is relatively very large and increased in weight and who are incapable from weakness of bringing back the head to the nor-

mal position without the help of another person.—*Paris Cor. Med. Press and Circular.*

Persons Who Should Not Take Alcohol.

According to Dr. Clouston, the use of alcohol should be forbidden to all persons:

1. Who have any family history of drunkenness, insanity or nervous disease.

2. Who have used alcohol to excess in childhood or youth.

3. Who are nervous, irritable, or badly nourished.

4. Who suffer from injuries to the head, gross diseases of the brain, and sunstroke.

5. Who suffer from great bodily weakness, particularly during convalescence from exhausting diseases.

6. Who are engaged in exciting or exhausting employments in bad air and surroundings in workshops and mines.

7. Who are solitary and lonely, and require amusement.

8. Who have little self-control, either hereditary or acquired.

9. Who suffer from brain weakness, the result of degeneration.—*The Practitioner.*

Mercuriol in Gonorrhea.

F. Fraley, Jr., in the *Therapeutic Gazette* of November 15, 1899, refers to the value of mercuriol in this affection. Some time ago we described this new antiseptic compound, which is an organic salt of mercury containing about 10 per cent. of the metal. It is freely soluble in water and has a slightly alkaline reaction. The daily local application to an inflamed mucous membrane is one which will be useful and increase the resisting power of the cells. Heretofore no such remedy has been found. Those most usually employed are potassium permanganate and nitrate of silver. While they are antiseptic, they are irritating.

In the treatment of these cases $\frac{1}{4}$ per cent. of mercuriol in normal salt solution was used. In some cases in which there was a tendency for the dis-

ease to become chronic a 1 per cent. solution was used, and in one or two cases this was increased to 2 per cent. The latter solution does not produce any inflammation of the tissues and is as strong as should ever be used. Of the fourteen cases which were under observation for a considerable time, six were cured, three nearly so, and three improved; two were not changed in any way, the condition being somewhat worse when the mercuriol was discontinued. The average duration of those cured was twenty-six days. The effect of mercuriol on the urinary symptoms was prompt, there being complete relief in all but the two cases reported as failures, and these it relieved in the original condition, but failed in the relapse. The best results were reached in simple anterior urethritis, and in the cases of short duration or of comparatively long duration. In the cases where the posterior urethra was involved the results were not so good. Many of the cases of posterior urethritis were treated by irrigations of potassium permanganate, which the writer regards as the preferable drug for irrigations, while mercuriol is best for injections.—*Medicine.*

SULPHUR, even in the dose of a fraction of a grain, will increase the efficacy of a purgative pill or powder, by increasing the flatus in the intestine, thus facilitating the expulsion of its contents.—*Med. Summary.*

DR. G. A. KIRKER, of Detroit, Mich., President of the Wayne County Medical Society, says: "I recently prescribed 'Maltine with Creosote' in a case of capillary bronchitis, the results being highly satisfactory. The patient was a male adult who manifested the most aggravating and distressing symptoms. After three weeks' treatment, in which 'Maltine with Creosote' was the chief remedy administered, there was marked improvement. All the worst symptoms were abated, a general building up of the whole system followed, and the patient gained steadily in flesh.

"I attribute the good results in this case entirely to 'Maltine with Creosote,' which I consider a most fortunate combination. The preparation should be brought more generally to the attention of the medical profession, and should be accorded a prominent place among our most valued therapeutic agents."

Book Reviews.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By EDWARD JACKSON, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. With 178 illustrations and two colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900. \$2.50 net.

It is rarely that a text-book upon any well-known branch of medicine can be said in these days to "fill a long-felt want." Nevertheless, a good modern text-book on diseases of the eye, *for the student*, has been sadly lacking. The various quiz compends that have appeared from time to time have not been of particular value, instilling as they do a faulty method of study. Diseases of the eye, as those of other parts of the body, should be studied from the pathological standpoint, and the symptoms, diagnosis, and to a certain extent treatment, will readily follow, bearing in mind the essential structures which compose this organ. Inflammation follows the same course in this region, and the results of treatment do not differ materially from the ordinary rules. On the other hand, the principal text-books now in use go far too deeply into details, and the medical student is compelled to wade through an immense mass of stuff to obtain the important facts that are required. Nor is he yet in a position to distinguish the important and comparatively unimportant matters. In the book under consideration nothing is withheld that may be of value, yet is all most tersely told. The names of writers on the various subjects are not allowed to confuse the text and incidentally the reader, but are relegated to a large bibliography at the end of each chapter. It is a pleasure to note that the recent writings of Drs. C. R. Holmes, S. C. Ayres and David DeBeck have been freely consulted. That the book is thoroughly modern will be known by repeated reference to "The American Text-Book" and "Norris and Oliver."

A chapter has been devoted to the various remedies that are of use in ocular diseases and their comparative values. Another, in which the various

operative procedures are discussed; this is a much better plan than the taking up of each operation separately as it may be indicated by the text. An article on the ocular symptoms and lesions connected with general disease is in conclusion; this includes diseases of the nervous system, of the circulatory system and kidneys, diathetic diseases, acute and chronic infectious diseases, diseases of the sexual organs, and the lesions produced by poisons—on the whole one of the most satisfactory chapters in the volume, and a fitting ending to an excellent text-book.

If any criticism is to be offered at all it is in the line of illustrations. Those in black and white are good of the kind and explanatory to one familiar with eye lesions, but to the student colored plates alone are beneficial. In this book the latter are but two in number, and not particularly good at that. However, the low price would interdict any extensive illustration in color, and the text will well make up for any deficiency in this regard. M. A. B.

THE FEBRUARY "COMING AGE."—Among the notable contributions in *The Coming Age* for February are "Educational and Therapeutic Value of Hypnotism," by the eminent New York physician and author, Dr. R. Osgood Mason, M.D., A.M.; "The Ideal Philosophy of Leibnitz," by Prof. E. M. Chesley, A.M.; "Happy Hours in Mirthless Childhood," by Alma Calder Johnston; "Personal Atmosphere," by Annie Pillsbury Young; "Fra Elbertus and the Roycrofters," by B. O. Flower; "Shakespeare and the Development of General Culture," by Rev. H. C. Meserve; "The Referendum in Boston," by Prof. Frank Parsons; "Peace, Interior and Economic," by Bolton Hall; "An Unobjectionable Expansion," by I. L. Albert; "The Poems of Emerson" critically considered by Charles Malloy, President of the Boston Emerson Society; and "Poe and Emerson," compared by Leigh H. Irvine. There are several other articles worthy of mention, besides the regular departments, but the above are papers which challenge the attention of all thoughtful men and women. The success of *The Coming Age* is well merited. It reflects the best thought of the time, and appeals to the moral no less than the intellectual side of man's life.

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Original Articles.

SOME BENEFITS OF VIVISECTION OR EXPERIMENTS ON LIVING ANIMALS.

BY E. STUVER, M.Sc., M.D., Ph.D.,
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MEMBER AMERICAN MEDICAL ASSOCIATION, FELLOW
AMERICAN ACADEMY OF MEDICINE, ACTIVE
MEMBER NATIONAL EDUCATIONAL AS-
SOCIATION, ETC., ETC.

In view of the fact that Senator Gallinger has introduced into the United States Senate another bill for the alleged "further prevention of cruelty to animals," and that coincident with this the antivivisectionists have opened, with renewed vigor, their floodgates of vilification and misrepresentation against experimentalists, and are even attacking the medical profession, charging physicians with hypocrisy, lying, monstrous cruelty and other horrible things, I believe it is the duty of every physician to resent these falsehoods and show these anti-social, degenerate Zoophiles up to the public in their true light. I therefore desire to call attention to some of the benefits conferred upon mankind by vivisection.

1. By experiments on living animals, Malpighi, Waller and Cohnheim demonstrated how blood nourishes the tissues; and

2. Aselli and Pecquet showed how the chyle is carried into the blood.

3. By the same means Hunter, Magendie and others revealed the processes of intestinal digestion; and

4. Sir Charles Bell and Magendie discovered the difference between the motor and sensory functions of the spinal nerves.

5. "The Webber brothers, by vivisection (1845), ascertained that 'an impulse sent down the vagus nerves

will stop the heart from beating; while impulses reaching the cardiac sympathetic nerves from the thoracic spinal cord stir up the heart to more vigorous or frequent beats.' Hence, our first conceptions of inhibition.

6. "Claude Bernard's discovery of the formation of glycogen in the liver (1851) 'came,' says Prof. Michael Foster, 'like a bolt from the blue,' and he adds: 'It was the first realistic proof of the synthetic powers of the animal organism. . . . The knowledge that the same hepatic cell was engaged both in secreting bile and manufacturing glycogen, and that the sugar or other products of digestion were carried from the intestine, not straight to the tissues, which they were designed to nourish, but to the liver, there to undergo transformation and await some future fate, marked the beginning of a new way of looking at the problems of nutrition.'

7. "Claude Bernard (1851) divided the cervical sympathetic (in a turtle), and it led to a widening of the blood-vessels and a warming of the ear and other parts of the head and neck. This experiment was the beginning of our vasomotor knowledge, and revealed the mechanism whereby the distribution of the supply of blood is regulated, and afforded an explanation why a man may not bleed to death in his own veins" (*Texas Medical Journal*, January, 1900).

8. Ferrier and many others, by experiments on animals, have so illumined the physiology of the brain and localized its functions that many things which a few years ago were dark and mysterious are now as clear as the noon-day sun. These results have enabled physicians to make an early diagnosis of intracranial lesions or diseases and

apply early and appropriate treatment.

9. In 1674 John Mayow, a young Oxford physician, by experiments on mice showed that the agony and death of a suffocated animal are due to the consumption of a constituent of the air. By this single experiment the old superstitious notion that diseases are caused by ghosts and demons was dispelled and modern sanitary science placed on an enduring foundation.

10. By animal experiments Black discovered the effects of carbonic acid gas.

11. Priestly demonstrated the life-giving quality of oxygen; and

12. Rutherford and Lavoisier proved that nitrogen will not support life.

13. Mering and Minkowski have shown that removal of the pancreas causes glycosuria (diabetes).

14. Claude Bernard, Brown-Séquard, Vascole, Gley and others discovered the modern treatment for goitre and cretinism by careful experiments on animals.

15. Pasteur, by vivisection, discovered the cure for hydrophobia, and by his investigations laid the foundation for the modern science of bacteriology. He not only prevented human suffering, but by preventing diseases in animals has warded off more pain from them than has ever been caused by all the vivisectioners in the world.

16. Stimulated by Pasteur's results, Lister, by elaborate investigations, devised our modern antiseptic treatment of wounds. This has brought surgery to a degree of perfection undreamed of a few decades ago, and has saved countless thousands of precious human lives, especially of mothers in the prime of life, whose death would have been an irreparable loss to their children.

17. Diphtheria antitoxin, which has reduced the death-rate of this dread disease more than one-half, and since its introduction, according to the eminent scientist, Charles Richet, has each year saved the lives of about fifty thousand children in the United States, England, France, Germany, Italy and Russia, is directly due to experiments on living animals; and at the present

time other investigations are being rapidly pushed which will probably, in the near future, bring the cholera, yellow fever, the plague and other dread diseases under the control of the physician.

18. Gross, Senn, Morris, Reed and other workers in our own country, by vivisections, have demonstrated the best methods of repairing gun-shot wounds of the intestines and the most approved methods of operation for appendicitis, which has so reduced the death-rate in these serious conditions that thousands of valuable lives are being saved every year.

19. The Bureau of Animal Industry, a branch of the Department of Agriculture, by experiments on living animals, has been enabled to stamp out many diseases, and has not only prevented much suffering and death among domestic animals, but has also saved millions of dollars for the farmers and stock raisers all over our broad land.

20. We thus see that the foundations of physiology, chemistry and sanitary science were laid by vivisections, and many of the greatest advances in practical medicine and surgery are directly dependent on the same cause.

21. Indeed, so great are the benefits we enjoy as the result of the immunity conferred upon us by experimental investigations on animals, that many cannot appreciate the appalling condition of the world before these discoveries were made.

In order to contrast the results achieved by scientific investigation or vivisection, as illustrated in the conditions under which we live at present and the empiricism for which anti-vivisectionists are so loudly clamoring, let us for a moment draw aside the curtain of history and gaze on the results of thousands of years of empirical experience. Do this and we behold plague and pestilence sweeping over the land, leaving desolation and death in their track. Here we see cities converted into vast charnel houses, the streets covered with dead bodies, and not enough well to care for the sick and dying; there we behold uncoffined corpses rolled into great trenches, or

left as food for ravening animals or to pollute the atmosphere.

We who enjoy the immunity afforded by vaccination can scarcely believe that such ravages were caused by smallpox in London as are so graphically described by the historian Macaulay, who informs us that it was a rare thing at one time to find a person in that great city not disfigured or marked by the dread disease. When we emerge from the mephitic atmosphere, laden with ignorance, disease and death, of the London of two centuries ago, with its death-rate of 80 to the 1,000, into the clear light of sanitary and medical progress of the present time, with its death-rate of less than 20 to the 1,000, in civilized countries we feel like one who has passed through some terrible danger, who has been surrounded by invisible and relentless enemies, which, happily, have been routed or are being put to flight by the knowledge resulting from experiments on living animals.

Nor is it necessary to go back centuries to note these changes! Where ten years ago fathers and mothers stood by the death-beds of their dearly beloved children, who were strangling, and in agonizing sorrow saw them snatched away by the fell destroyer, diphtheria; where the sympathizing physician, impotent to cope with his relentless enemy, stood with downcast face, we now behold smiles of joy light up the faces of the parents as they see the roses stealing back to the cheeks of their stricken ones, and the proud, happy look of the physician, who boldly faces and defeats his old enemy with antitoxin. I ask these fathers and mothers if *one* such victory as this is not worth more than all the horses that have been sacrificed in attaining the results? And when we consider the thousands of innocents saved to advance and adorn civilization through cycles of the future we can appreciate the almost infinitely beneficial results that flow from animal experimentation, and form a just conception of the mental and moral status of people who would consign *our own* children to a horrible death and cast a pall of disease over the future in order to prevent a

few animals from being used for experimental purposes.

In view of the above indicated results and of all the self-sacrificing efforts that have been made by scientists, physiologists and physicians to alleviate human suffering, to advance sanitary science, and by ascertaining their causes and cure to prevent and control diseases, how can we account for the virulent attacks and misrepresentations of the antivivisectionists against all engaged in experimental investigations on living animals—save on the supposition that they are ignorant of the facts in the controversy, or that they belong to the class of zoöphiles who would exalt animal above human life, and in order to accomplish their purpose malign experimenters and impute unworthy motives to physicians, as is being constantly done in newspapers, journals and magazines of all kinds?

In *Learning By Doing*, September, 1899, are given a number of Frances Power Cobbe's so-called reasons or arguments against vivisection. By sophistry and telling only a part of the truth she tries to work on the prejudices of the multitude.

1. She bewails the sufferings of hundreds or probably thousands of dogs, cats, monkeys, etc., that are dissected alive and inoculated, but *she does not* have the fairness to tell her readers that nearly all these animals are experimented on while under the influence of an anesthetic, and hence do not suffer pain, and that the inoculations are made for the purpose of producing preventive serums or antitoxins for the prevention or cure of such diseases as smallpox, hydrophobia or diphtheria.

2. Her statement as to experiments on human beings is either due to ignorance or is intended to produce a false impression, because no such experiments are ever made except where the harmlessness and curative powers of the agents used have been clearly demonstrated, save perhaps in rare cases of those stricken by a fatal malady such as yellow fever, where the curative power of a new remedy is being tested. When vaccination or pre-

ventive inoculations are practiced it is only in cases where they will do infinitely more good than they could do harm. Vaccination to prevent small-pox and the injection of diphtheria antitoxin, both as a preventive and curative agent, have saved thousands of lives for every death they have caused.

3. The charge that the characters of the vivisectors deteriorate, and that they become heartless and cruel, comes with exceedingly bad grace from the leader of a set of propagandists who would willingly abandon to horrible suffering and sacrifice the lives of countless thousands of human beings in order to save a few dogs, cats, monkeys and other comparatively worthless animals, not from suffering and cruelty, but an abbreviated existence and euthanasia (easy death).

4. She bemoans "the falsehoods told in support of vivisection, which are inculcating the habit of lying among physicians," and says that were it not for the falsehoods "the abominable sin would not have a month's lease of life."

The above, in view of the vilification, misrepresentation and abuse heaped upon physicians by these misguided zealots, certainly deserves the palm, and vividly illustrates the extravagances to which a lurid imagination and a lack of judicial spirit will lead persons dominated by a controlling idea; unless, as we are led to suspect from an appeal for money, coupled with a tirade of abuse and misrepresentation against the medical profession, in a recent issue of the *New England Antivivisection Society's Monthly*, they are animated by greed or something worse. For downright scurrility and base calumnation of character, this so-called "platform" of the N. E. Antivivisection Society deserves *first prize* with no second in hailing distance.

Dr. F. E. Daniel, in the January (1900) issue of the *Texas Medical Journal*, very cogently and tersely outlines the character of their screed in the following vigorous language, viz.: "I think I never saw more ignorance, malice, misrepresentation, perversion

of fact, more downright mendacity, crowded in so small a space. Voltaire says 'Some people have more zeal than understanding.' These people either have understanding and know what they state is false, in which case they are knaves, or they are ignorant of what they pretend 'to expose,' in which case they are over-zealous fools. I incline to the first proposition. I think they know better, have 'understanding' all right, but are playing upon the weak and credulous for profit."

In conclusion, I can but reiterate the statements made in a previous paper on this subject (*Journal A. M. A.*, April 2, 1898): "The crusade of the anti-vivisectionists from beginning to end has been a series of equivocations, misrepresentations and half truths. They never have dared to tell the whole truth and discuss the question on its merits, and some of the strongest evidence that they have presented is based on statements made by writers who were misinformed when these statements were written, but who, later on, had the manhood to acknowledge that they had been deceived by antivivisection literature and retract their mistakes. Have these zealous humanitarians had the manhood to publish the retractions along with the original? Have these earnest advocates of justice and right had enough true nobility of character to admit that they had suppressed the truth and perpetrated an injustice against their fellow men? We leave the history of the movement and the justice of the people of this nation to answer these questions."

Enlargement of Femoral Lymphatics.

This condition is usually due to a suppurating ingrowing toe-nail or some other septic condition of the toe or foot, says the *International Journal of Surgery*, and if the cause is properly attended to the swollen glands will soon subside.—*Denver Med. Times*.

In giving cimicifuga in the treatment of chorea, remember that a decoction of the root is the most active form.—*Med. Summary*.

Translations.

THE ADMISSIBILITY OF SYPHILITICS TO LIFE ASSURANCE.*

BY DR. A. BAYET.

TRANSLATED BY THOMAS C. MINOR, M.D.,
CINCINNATI,

EXAMINER FOR PROVIDENT SAVINGS LIFE ASSURANCE
SOCIETY OF NEW YORK, HARTFORD LIFE,
CHICAGO GUARANTY LIFE
SOCIETY, ETC.

In approaching the work that the Congress has confided to me, I cannot dissimulate the difficulties of the task. These result first from the failure of reliable documents, from the defective observations carried on over the entire existence of a long series of syphilitic cases. The statistics are neither very extensive nor very comprehensive; the same difficulty arises when one seeks to draw conclusions for a given case, and we perceive that a certain vagueness exists, that it has a general side that renders individual applications particularly delicate. On the other hand, physicians to life insurance companies demand that each case shall be viewed from the standpoint of the course it has followed, its provisional diagnosis, and desire a ruling as near as possible to the precision one is accustomed to meet in the business transactions of a company. We affirm that no malady less leads to such conclusions than syphilis; eminently proteform, showing its lesions sometimes throughout a long life, and at other times having an exceedingly short duration, syphilis, viewed from a standard of health, has all shades of prognostics; often comparatively inoffensive, it again betrays in other cases a virulence that induces mortal lesions. This is to state in advance that this report does not pretend to definitely settle the question of life insurance, for in the present state of medical science the basis for such a work is still too incomplete. But what it is possible to do is to point out from what sources the true elements of appreciation may be drawn, in order to give the life insur-

* Report presented to the First International Congress of Life Insurance Physicians.

ance medical examiner some more or less precise rules that may serve as a guide in the inquiry into each given case. These are the outlines of the study undertaken, and I am glad I have been charged with the task.

NUMBER OF SYPHILITICS IN GIVEN POPULATIONS.

The question of admissibility of syphilitics to life insurance is of first importance to all companies; this importance results from the great numbers of syphilitics existing in the population, a number much more considerable than the public, or even physicians, commonly imagine. Without being a "pan-syphilist," one is forced to recognize that syphilis, as regards modern society, has taken on an extension of enormous, even colossal, proportions, and that at the present hour it is infiltrated in all classes of the population, so that society is deeply impregnated with its poison.

To fix in a precise fashion the number of syphilitics in population is an impossible thing; meantime, thanks to certain special investigations, we may arrive at a sort of approximative idea of the extent to which the malady prevails.¹

(a) The first procedure consists in examining the statistics of countries where the declaration of syphilis is obligatory on the part of the attending physician. Denmark requires this declaration. The following are the statistics furnished by that country: ¹ From 1874 to 1885, for the city of Copenhagen, 12,034 cases of syphilis were reported, or 4.16 per 100 of population; from 1885 to 1899, inclusive, the proportion was 4.3 per 100.²

Mauriac estimated the number of syphilitics in Paris at 50,000, an enormous figure, but to our mind much below the reality. White claimed the same for Philadelphia.

(b) The second procedure consists in examining an individual category taken

¹ BAYET: "Introduction au cours libre de syphillographie," 1898.

² BLASCHKO: "Syphilis and Prostitution," Berlin, 1893.

³ EHRLER: "Prostitution and Venereal Disease in Denmark," Brussels, 1899.

at random, to scrutinize these from the standpoint of syphilis and establish the percentage. The following will afford examples. At London 112 subjects, interrogated at the University College Hospital by Raymond John, showed 10.5 per 100 of certain syphilis, 10 per 100 of chancres of uncertain nature. At Leeds, Littlewood obtained from over 200 individuals he interrogated 6.4 per 100 of syphilitics, and 6.10 per 100 of chancres of uncertain nature.¹

Erb, in 6,000 patients belonging to the well-to-do classes of society, found 12 per 100 of syphilis; all these persons were over twenty-five years of age.

Professor Fournier states that out of every 100 persons residing in Paris, 15 are syphilitics.²

These figures may appear astounding; meantime, we place them below the truth, for in these instances *ignored syphilis* is neglected. It is difficult to exactly fix the number of such cases; they are variable, as their frequency depends on the social centres and following the sex.

Professor Fournier, in 4,257 cases of tertiary syphilis personally observed by him, found 3.10 per cent. of *ignored syphilis* among men and 10.9 per cent. among women. In the poor classes the proportion is more considerable. Radcliffe Crooker, cited by Gowers, in 56 cases of individuals attacked without doubt by tertiary symptoms, found 20 per cent. who positively denied ever having had syphilis. I have personally come to the same conclusion during my hospital investigation on public patients. These syphilitics, or cases of *ignored syphilis*, should be added to the number obtained by the processes we have before mentioned.

(c) The third procedure consists in seeking for the number of individuals annually infected in a population; then, basing an estimate on a medium age, to estimate the survivorship to estimate how many still exist in a considered mean of individuals that have had syphilis.

¹ GOWERS: "Syphilis and the Nervous System."

² A. FOURNIER: "Les affections parasymphilitic," p. 147.

Blaschko,¹ whose work on syphilis at Berlin is authority, has established the fact that in Berlin there are 5,000 syphilitics annually produced. He estimates that the mean number of survivors as to age is thirty years, which would give for the population of Berlin 150,000 syphilitics, or 12 per cent. of the total.

As large as these figures may appear, they are below, so far as regards the subject we are dealing with, the reality. The percentage obtained by these different methods applies to all populations. But if, instead of viewing all the ages of life, we only consider the usual age of persons who demand life insurance, we certainly arrive at a much higher figure, because that, ordinarily, it is men who assure, and syphilis is much more common among men than among women.

The figures obtained apply only to cities and to industrial centres. In the country the proportion is much less. Thus, in Denmark, while Copenhagen gives 4.16 per annum from syphilis, the larger towns of the provinces give only 0.8, and the country but 0.14 per cent.

THE CAUSES OF DEATH FROM SYPHILIS.

Syphilis may kill in many ways, at all periods of its evolution. For these reasons, easily understood, we shall eliminate from our subject the grave cases of syphilis, such as malignant cases and precocious tertiary cases, all syphilis with serious visceral complications in the secondary stage, such as nephritis and acute yellow atrophy of the liver.

The principal danger of syphilis results in:

1. Tertiariism.
2. Parasymphilitic affections.

Nervous System.—Of all the serious lesions of syphilis, those that affect the nervous centres are the most formidable, owing to their relative frequency and gravity. The statistics of Professor Fournier give 38 per cent. of

¹ BLASCHKO: "Die Verbreitung der Syphilis in Berlin."

nervous lesions to every 100 cases of tertiary affections; this is so much more important that these figures are taken, not in a hospital, but among private patients—that is to say, among a social class with whom the life insurance examiner is most often thrown in contact. Most assuredly, there are certain reserves to be made before accepting these high figures, for the majority of authors have not reached such a percentage; but we all unanimously recognize that syphilis is a true poison to the nervous system, and need not discuss the relative statistics bearing on nervous affections. We all know their extreme frequency.

Among the affections of the nervous system, speaking now of the most serious, let us enumerate tabes dorsalis, cerebral syphilis, the various forms of myelitis and meningo-myelitis.

The prognosis of syphilitic affections of the nervous system is very unfavorable. If, as we have said, it is true that a person attacked with a serious affection of the nervous system should have had syphilis, it is no less true that, in very many cases, the issue is fatal.

According to Professor Fournier, in cerebral syphilis the reverse, or the semi-reverse, in point of numbers is superior to that of cures¹; in medullary syphilis the proportion of losses is higher than cures; in the case of tabes recoveries are very rare; in paralytic dementia there are as many losses as there are cures. As for syphilis of the brain, the statistics of Rumpf agree with this statement. We must, then, admit that brain syphilis is a very grave malady, since it constitutes 15 per 100 of the fatal cases. Still, it is insufficient that patients have been followed up for a number of years to affirm that a cure was affected in all cases. As for the medullary system, Gilbert and Lyon indicate 30 per 100 cases of deaths for 26 per 100 cases of cures; Rumpf, 15 per 100 mortality; Sotto, in 23 cases, noted 5 deaths and only one cure.

Locomotor Apparatus.—Syphilitic lesions of the locomotor apparatus very seldom cause death; they become fatal

only in very rare cases, when, for example, an exostosis of the cranial bones or the vertebræ induce a compression of brain or spinal column, or when injuries of the palatine arch or of the nose attain such a degree of seriousness that the nutrition of the patient is prevented; such cases are exceptional.

Respiratory Apparatus.—Two orders of syphilitic lesions may endanger existence—those of the upper passages (larynx and trachea), or those of the lung itself. The first owe their gravity to the stenosis they produce, either by the formation of cicatricial bands or by fibrous retractions of specific neoplasms. Tracheo-bronchial syphilitic affections are rarer but more serious than lesions of the larynx, for a last resource in syphilitic contractions of the upper passages, *i.e.*, tracheotomy, has no effect over bronchial atresia.

In fact, fatal accidents following laryngeal or tracheo-bronchial syphiloses are very rare, compared to the total number of syphilitic cases. It is the same with pulmonary syphilis cases, that are, we might say, clinical curiosities.

Rumpf gives the following interesting table of 90 cases of syphilis followed up:

Deaths	14
Serious infirmities.....	33
Cures.....	30
Incomplete cures.....	13—90

X-Rays in Lupus Vulgaris.

Dr. J. Himmel, of Kasan (*Arch. f. Dermatol. u. Syphilis*), reports four cases of lupus vulgaris that were subjected to the therapeutic action of the X-rays. The exposures were made simultaneously, at a distance of eight inches; the largest Crook tube was used, with a current of twenty-one volts and two amperes, the exposures being made for fourteen successive days, and the sittings were of a half hour's duration. The lupous areas involved various portions of the body.

His experiments showed that the first exposure was followed simply by a marked pruritus, which increased steadily with each sitting. Swelling

¹ FOURNIER: "Traitement de la Syphilis."

and hyperemia of the tissues occurred about the fourth day; the lupous nodules imbedded in the scar tissue would show marked inflammatory changes on or about the fifth day, and at this time the exposed surfaces would become covered with small vesicles, which in time ruptured and dried to form heavy crusts. A superficial necrosis formed beneath the crusts, which left the tissues very sensitive and extremely indolent as regards their tendency to repair. When repair took place a thin superficial cicatrix was formed, which was entirely free from lupous nodules.

Hairs disappeared from hairy surfaces in about three weeks, but were gradually replaced with lanugo hairs, which at the end of three months have scarcely attained two-fifths of an inch in length. A transient pigmentation forms around the border of the exposed area. The dermatitis that ensues varies in its intensity from an erythema to an extensive ulceration. H.

Hypotrichosis Congenita.

Dr. Felix Pinkus, of Berlin, reports a case of hypotrichosis congenita in an eight-year-old boy, acquired from his father. With the exception of a few isolated hairs here and there, patient was entirely devoid of hair—scalp, eyebrows, eyelashes and body in general being similarly affected. A strong growth of hair was present over scalp at time of birth, but disappeared completely before patient was nine months of age. This is frequently a physiological occurrence, and this fact serves to rule out alopecia areata universalis, from which the disease must be differentiated. The child's father presents an analogous condition, while his mother and sister are both well supplied with hair. — *Arch. f. Dermatol. u. Syphilis*, December, 1899. H.

Epidermolysis Bullosa.

Prof. Rona, of Budapest, reports two cases of "epidermolysis bullosa," occurring in mother and daughter, present in each from infancy. The disease is characterized by the appearance of

bullæ, varying in size from a split-pea to a finger-nail, silver dollar, or even larger, filled either with clear serum or pus. These bullæ are constantly of traumatic origin, and the slightest injury or irritation of the skin is usually promptly followed by an eruption of bullæ. The extremities are predisposed, but they may appear almost anywhere, and even the buccal mucous membranes are not infrequently involved. Bullæ are frequently present at the waist and are due to the pressure and irritation of the waist-band. The bullæ disappear with crust formation, mild excoriation and transient pigmentation. The disease is hereditary. Its course is very chronic; general health is unimpaired, and therapeutic efforts avail nothing. — *Archives f. Dermatologie und Syphilis*, December, 1899. H.

The Family Physician and the Middle Ear.

Dr. E. E. Clark, in an article in the *Med. Standard*, urges the importance of the general practitioner recognizing the gravity of middle ear suppuration. Many a child has, through early neglect, contracted a chronic suppuration of the ear that later sent it to an untimely grave because of the extension to contiguous structures.

The causes, course of the disease and symptoms are given.

In the treatment great importance is attached to the inflation of the Eustachian tube and middle ear. The catheter is rarely used. The use of Bishop's improved inflator is advocated.

Any nasal or naso-pharyngeal abnormalities should be corrected. — *Med. Summary*.

Therapeutics of Weak Heart.

A chronically weak heart, without valvular lesion, is best treated by strychnine and small doses of digitalis or cactus, says Dr. O. T. Osborne in *October Medicine*. As a stimulant, camphor or ammonia regularly for a week or two is better than whiskey or coffee. Rigid regulation of habits and removal of nervous causes are essential. — *Denver Med. Times*.

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,
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317 W. Seventh St., Cincinnati, O.

CINCINNATI, FEBRUARY 3, 1900.

Editorial.

MEDICAL SUPERVISION OF SCHOOLS.

At this time there is a general agitation over the State of Ohio for an establishment of State normal schools, and a general purpose of making the courses of instruction in all of the public schools conform to a uniform standard. This is as it should be, and along with the proposition there should be a provision for a medical supervision of all schools, both public and private. Where this work has been introduced in other States there have been some astonishing developments, showing its usefulness in the way of protection from acute contagious diseases.

In this city a prominent practitioner informed the writer that in his professional rounds he noticed a number of houses placarded chickenpox. As the families were his regular patrons he stopped in to see, and in each instance found cases of smallpox. He at once notified the Health Office by telephone, and got a reply that an officer

would be sent to investigate. Think of such a proceeding! The Health Office would send a sanitary policeman to investigate! One had been there already, but the idea of assigning a policeman to investigate! It is preposterous. But then, under our present municipal government, we are not overly proud of the Health Department of the city. This incident illustrates the necessity of a medical supervision of the schools under the authority of the Board of Education. This is a specific work that can be made more efficient under the school management than when the authority is lodged elsewhere. This is a matter of vital importance, and physicians will do well to take it upon themselves to impart some wholesome information upon the subject to their constituents.

In some localities in Kentucky there continues to be a good deal of smallpox. Dr. M. McCormick, the Secretary of the State Board of Health, has directed attention to a necessity for a special appropriation with which to antagonize the disease. With an almost universal knowledge of vaccination it does seem strange that a disease like smallpox should exist in any community. That it does exist indicates a real necessity for compulsory vaccination.

In a medical supervision of schools it should be required of the official physician that he give practical instruction to all school children on hygienic subjects; very little anatomy and physiology is needed, but a knowledge of the value of pure air, pure water, pure food, pure soil, pure dwellings and pure bodies is essential to the leading of a pure life. All children should be taught in an elementary way that dirt and disease are synonymous; that cleanliness is essential to happiness and morality.

These are subjects of prime importance, and should be instilled in the minds of all boys and girls while in school. No part of their education is of greater importance.

These subjects need not take much time from other studies, and their advantage is exceedingly great. The child that is impressed with a knowledge of the value of prophylaxis, when he or she reaches adult years will see to it that smallpox has no culture-field in their vicinity; nor will such children become antivivisectionists. An education embracing the fundamentals of hygienic living will make intelligent, all-round and broad-minded men and women. There is a continuous demand for fresh brawn and brain in all the avenues of life, and it should be the province of the schools to provide these products in their pupils.

In the future a good deal of the legitimate work of physicians must be found in a supervision of schools, and it will be well for them to take up and study the art and science of pedagogy. There are lots of good text-books and journals on educational subjects, and it is a good thing for any physician to take an educational journal, where it will be found that education and medicine are collaterals to a wonderful extent. It is in the beginnings of life that citizenship and the nation are formed. This is common information, and because of such conditions there is an actual need of a closer juxtaposition of the arts and science of medicine with pedagogy.

MEDICAL LEGISLATION.

Recently a bill was introduced in the Ohio Legislature which provides for an examination of all future applicants for the privilege of practicing medicine in Ohio. The purpose of the bill is all

right, as it will keep pace with the times in raising the standard of educational requirements. There is such a thing as pushing requirements too far, and this must be guarded against, lest a reaction come that will negative much that has been gained.

A good deal of complaint has been made that the present Board of Registration and Examination has not been as vigorous in its prosecution of offenders as was thought to be possible. To judge from the flagrant advertisements of the newspaper press, quackery flourishes in this and other Ohio cities quite as much as ever. There ought to be some way devised that would curtail such enterprise.

Ideals in legislative requirements are rarely reached, and their near approach is only attainable through an enlightened public opinion. That which is better than the needs of the people cannot be enforced. County and township gatherings in the interests of public health are great educators, and actually constitute a chief function of the State Board of Health. It is a pleasure to note the usefulness of the Ohio and Michigan boards in this work, for which too great credit cannot be given.

EDITORIAL NOTES.

MAIL-ORDER PRACTICE.—One of the worst phases of quackery is that which is practiced through the mails. This includes a lot of vile ads. and circulars intended to catch unfortunate and unwary women and men. An answer to such means a regular hold up and deliver of ducats operation. The harpies engaged in this line of work understand human nature pretty well, and at least know enough to know that when individuals are duped by them the dupes are so ashamed of

their exhibition of weakness that they almost invariably refuse to make an exposure of the creature who has fattened off their credulity.

In some instances these craven creatures have made use of their correspondence for the purpose of levying black mail. Scores of both men and women have suffered through this channel. See how easy it is done. A woman suffers from some uterine trouble, thinks she does not want any one to know of what ails her, and probably, under an assumed name, writes for the latest French prophylactic, or something in that line. Somehow, some way, at some time, her secret leaks out, but medicines are sent, money demanded, and exposure threatened. The man who imagines himself to be a sufferer on account of youthful sins is another who don't want to be found out, and pays, and pays, for his supposed degradation. The one who has consumption on suspicion, and wants to have it all to himself, is another victim of his secrecy and secretions. There are lots and lots of people who are simply bedevilled by their imaginations. They have all sorts of vague notions, often attributable to an over-sensitive conscience, on account of which they fancy they want to get religion, and if they don't get it the Devil will get them sure.

There is as positive a relationship and psychic connection between a disordered stomach and a frowning conscience as there is between a pair of overloaded seminal vesicles and the frying pan of Satan. A little mail order confirms and begins the trouble. There is not a vast amount of this sort of business, but in the aggregate there is a good deal. Supersensitive women are veritable gold mines. They pay and pay, and wouldn't be found out or

have it supposed that they have organs of generation for anything in the world.

In a medical supervision of schools children should be taught enough about themselves to recognize the difference between a reputable physician and an impostor. In a judicious way physicians can with great propriety do an immense amount of good in teaching how to discriminate between the true and false.

In England the blackmail feature of quackery has had quite a run, women in high stations in life being the chief victims found out. That it is going on here is beyond question. The trouble is to obtain the legal evidence. Men and women don't want to and will not swear that they have been fools, dupes and swindled, so the harpies are comparatively safe. Put yourself in his or her place and you will know just how it is.

INTER-STATE RECIPROCITY FOR THE LICENSE TO PRACTICE MEDICINE. —Following is the third report of the Wayne County (Detroit) Medical Society Committee on Inter-State Reciprocity for the License to Practice Medicine:

The Committee begs to bring the third report before the Society. The second report was only a short review. Meanwhile the Committee has been enlarged by addition of the Board of Directors of the Society.

The report, to-day, will contain the following items:

1. Preliminary answers from authorities.
 2. More definite answers from authorities and parts of laws.
 3. Endorsements by medical societies.
 4. Comments by medical and daily press.
 5. Correspondence with private parties.
1. We can state that we have some kind of answers from fifty States and Territories. The character of the answers can, as a whole, be regarded as:
- Favorable by 42.
 - Unfavorable by 3 (N. C., S. D., Wash.)
 - Undecided by 5 (Ala., Ark., Del., Mass., Tex.)
- Promised answer wanted by 1 (Md.)
2. The more definite answers and respective laws may be shown in parts.

3. Medical societies, Endorsements; some promising assistance.

Bay County Medical Society (Mich.)
 Chattanooga Medical Society (Tenn.)
 Chicago Medical Society (Ill.)
 Council Bluffs Medical Society (Ia.)

Detroit Medical and Library Association (Mich.)

District of Columbia Medical Society.

Grand Rapids Academy of Medicine (Mich.)

Idaho State Medical Society (Idaho). (informally).

Manchester Medical Society (Ind.)

Knox County Medical Society (Tenn.)

New York State Medical Association.

Providence Medical Association (R. I.)

Richmond Academy of Medicine and Surgery (Va.)

Salt Lake County Society (Utah).

Utah State Medical Society (Utah).

Vermont State Medical Society (Vt.)

Vigo County Medical Society (Ind.)

Weber County Academy of Medicine (Utah).

Wells County Medical Society (Ind.)

Marshall County Medical Society (Ind.)
 Nineteen formally; one informally.

4. Comments by medical and lay press:

(A) Medical press. (a) Editorials in connection with the Committee's work:

Bulletin American Academy of Medicine, Dec., 1899.

Journal American Medical Association, Sept. 23, 1899.

Journal Scientific Medicine, Oct. 1899.

Lehigh Valley Medical Magazine, Nov., 1899.

Leucocyte, Nov., 1899.

The Medical Examiner, Nov., 1899.

The Medical Standard, Jan., 1900.

The Medical Summary, Dec., 1899.

The Medical Times, Sept., 1899.

The New York Medical Journal, Aug. 12, 1899, Oct. 21, 1899.

The Physician and Surgeon, Oct., 1899.

Philidelphia Medical Journal, Oct. 21, 1899.

Virginia Medical Semi-Monthly, Oct. 13, 1899.

The Wisconsin Medical Recorder, Oct., 1899.

(C) Comments and notes:

Medical Examiner, Dec., 1899.

The Medical Review of Reviews, Nov. 25, 1899.

The Medical World, Nov., 1899, Dec., 1899.

Modern Medical Science, Nov., 1899.

New England Medical Monthly, Nov., 1899.

New York Medical Record, Oct. 14, 1899.

Physician and Surgeon, July, 1899.

Wisconsin Medical Recorder, Nov., 1899.

(B) The articles which I hand you prove the lay press' interest in the question.

The idea guiding the Committee is contained in a communication to the Medical Examiner as answer to an editorial. The communication written by the secretary has been approved by the Committee. It reads in part:

If those States with equal requirements will enter into a state of reciprocity—and nothing is more natural—then we might, perhaps, get a division of States and Territories of this kind:

1 and 2. Those which require a high preliminary and (or) high medical education, and issue a license to practice medicine only after examining graduates.

3 and 4. Those which require a less high preliminary and (or) less high medical education and issue a license to practice medicine only after examining graduates.

5. Like sub. 1 and 2 without examining graduates.

6. Like sub. 3 and 4, without examining graduates.

All the States and Territories could enter into one of the six groups. Then we would have a kind of centralization, and this is the ground on which further work towards establishing of uniformity can be based.

Anybody will then understand that there are six qualities of licentiates. The laity will soon begin to claim that the best licentiates will be just good enough for them. As soon as the general interest is aroused the questions of secondary importance will, no doubt, find a solution too.

5. Correspondence with semi-official and private parties.

Under the semi-official and private letters you see the signatures of many a name well known to the profession and to the public.

In order to bring the whole matter before the medical profession, the Committee came to an agreement with the editor of the Physician and Surgeon that the transactions will appear in the above named paper.

We can state that the movement is gradually taking greater and greater dimensions. The Committee submits to the Society the suggestion to have this report printed and sent to parties interested in the movement.

DR. GEO. G. GORDON, Chairman.

E. AMBERG, Secretary,

WALTER J. CREE,

R. H. HONNER,

DAVID INGLIS,

J. G. KIRKER,

EDWIN G. KNILL,

E. T. MILLIGAN,

D. H. O'DONNELL,

E. B. SMITH,

F. D. SUMMERS,

E. H. TROY,

Committee.

Communications should be addressed to the Secretary of the Committee, DR. E. AMBERG, 32 W. Adams Ave., Detroit, Mich.

2. More definite answers from authorities and parts of laws.

ARIZONA.

PHOENIX ARIZ., Nov. 8, 1899.

Yours of November 1 received. The Medical Examining Board of this Territory, will be pleased to enter into a state of recip-

reciprocity with all States or Territories having a like requirement and the same grade of examination that is now compulsory in this Territory. This is simply the statement of the Board. Our statutes give the Board no such authority, but this can be easily remedied at the next meeting of the legislature, etc.

WM. WYLLIE.

CALIFORNIA.

SAN FRANCISCO, CAL., Nov. 21, 1899.

In reply to your favor of November 1, will say that we have consulted our attorney relating to the subject of reciprocity with other States, and he informs us that, under our existing law we cannot do so, as our law states that we must examine diplomas, and no further examination can be made.

CHAS. C. WADSWORTH, Secretary.

COLORADO.

DENVER, COLO., Nov. 6, 1899.

On account of our present law it is simply impossible for us to enter into a state of reciprocity with other States, as our law is very clear in stating that only those applicants who are graduates of reputable medical schools shall be granted licenses. Still, in regard to Colorado, it is not so important, as we do not require examinations. It is our intention to present another bill at the next meeting of the legislature on the same line as presented at the recent legislature, which will contain a reciprocity clause.

C. K. FLEMING, Secretary.

DISTRICT OF COLUMBIA.

WASHINGTON, D. C., Nov. 11, 1899.

I can answer to your letter, therefore, only that the Board of Medical Supervisors of the District of Columbia will issue a license to practice medicine here, without fee and without examination, to any duly licensed physician who may change his residence to the District of Columbia from any State or Territory where medical laws and medical examining boards exist, if the medical laws and medical examining boards of such State or Territory grant equal rights and recognition to licentiates of said Board of Medical Supervisors of the District of Columbia.

WM. C. WOODWARD, M.D., Secretary.

ILLINOIS.

SPRINGFIELD, ILL., Oct. 10, 1899.

Resolved, That applicants for a State Certificate to practice medicine and surgery in the State of Illinois, who have been examined and licensed by other State Examining Boards maintaining standards not lower than those provided for in the Act to Regulate the Practice of Medicine in the State of Illinois, in force July 1, 1899, shall be granted certificates without further examination, on payment of the fees required by the Act, providing that the applicant, who must be a graduate of a medical college in good standing with this Board, shall present with his license, an affidavit from the President or Secretary of the State Examining Board

showing that the requirements of the said Examining Board at the time of his examination were equal to those enacted by this Board under the present law, and providing further, that the said State Examining Board will grant licenses without examination to applicants holding certificates issued by the Illinois State Board of Health under the Act now in force.

NOTE. Under the provisions of the Act to Regulate the Practice of Medicine in the State of Illinois in force July 1, 1899, an applicant for a certificate to practice medicine and surgery in the State must present evidence of being a graduate of a medical college in good standing, as may be determined by the Board, and must pass an examination in those general subjects and topics, a knowledge of which is commonly and generally required of candidates for the degree of Doctor of Medicine by reputable medical colleges in the United States.

No medical college will be considered in good standing after January 1, 1900, which does not require of all graduates receiving diplomas after that date, as a condition of graduation, an attendance upon four full courses of lectures in four separate years.

STATE BOARD OF HEALTH.

IDAHO.

HAILEY, IDAHO, Oct. 20, 1899.

My paper upon the subject of "Medical Legislation" was well received by the Medical Society, and brought out a discussion which revealed the fact that a vast majority of the members present favored the establishment of a National Board of Health, as the only desirable and feasible solution of the vexed question raised by your inquiry. As to assisting such a movement, the Society was of one voice, and that, in favor of it. The Board of Examiners passed a resolution to the effect that it was the sense of the Board that a National Board of Health should be established by the government at Washington, and pledging the support of the Board to any movement looking to that end.

ROBT. J. NOURSE, MD.

IOWA.

DES MOINES, IA., Dec. 18, 1899.

The Iowa State Board of Medical Examiners have labored to secure uniformity of requirement as to enforcement of medical practice act, but our present law will not admit of a State reciprocity. Our Board, however, is in favor of the enactment of laws that will permit such an interstate arrangement to be effected.

J. F. KENNEDY.

LOUISIANA.

NEW ORLEANS, LA., Nov. 16, 1899.

The Board, individually, are in favor of entering into an agreement which will recognize certificates from other Boards recognizing the same standard as the Louisiana Board, but the Louisiana law requires all applicants to stand a written examination, and I do not see just how this can be overcome. However,

I will present the matter to the next regular meeting of the State Society, with the view of overcoming all obstacles.

H. S. COCRAM, M.D., Secretary.

MICHIGAN.

MICHIGAN STATE BOARD OF REGISTRATION.

December 29, 1899.

"Resolved, That this Board recognizes the work done by Dr. E. Amberg, Secretary of the Committee on Reciprocity, Wayne County Medical Society, in promoting reciprocity in registration between States, and that this Board will cheerfully coöperate with such other States to promote a high standard in the practice of medicine, and that the Secretary of this Board be instructed to communicate such resolution to Dr. Amberg."

B. D. HARRISON, Secretary.

MINNESOTA.

ST. PAUL, MINN., Nov. 10, 1899.

Our present law does not permit us to use licenses granted in other States. In my opinion our Board, and the profession generally, would look favorably upon reciprocity if the requirements were of the same high standard as our own.

JOHN B. BRIMHALL, M.D.

NEW JERSEY.

NEW JERSEY.

Second exemption certificates of examination and license issued by the Board of Regents of New York, and by the Medical Councils of Pennsylvania and Delaware, based upon examination by the respective examining Boards of those States, may be endorsed, at any time, by this Board. Blanks for this purpose must be obtained from the Secretary, and when properly filled out and returned for filing, must be accompanied by a certified check or postal money order for the regular fee of fifty dollars.

NEW YORK.

University of the State of New York, laws as amended in 1895 and 1896, p. 20, second exemption:

Applicants examined and licensed by other State Examining Boards registered by the Regents as maintaining standards not lower than those provided by this article, and applicants who matriculated in a New York medical school before June 15, 1890, and who received the degree M.D. from a registered medical school before August 1, 1895, may, without further examination, on payment of ten dollars to the Regents, and submitting such evidence as they require, receive from them an endorsement of their license or diploma, conferring all rights and privileges of a Regents' License issued after examination.

NORTH CAROLINA.

RALEIGH, N. C., Dec. 30, 1899.

In reply to your letter to L. and B. I enclose a copy of our medical license law as amended by the legislature of 1890. You will note that a license from another State

only entitles to examination, just as diploma from a college in good standing does. We considered the reciprocity idea, but our standard is so much higher than it is in most of the States that, for the present at any rate, we are afraid of it. We can see no objection to requiring a physician who wishes to practice in our State, coming from another State to submit to the same conditions that we demand from our own people. I do not wish to throw cold water upon your work, but I do not think you can count on North Carolina for a good many years to come.

Chairman Committee on Legislation.

OHIO.

COLUMBUS, O., Jan. 6, 1900.

Your communication of November 1 was presented to the State Board of Medical Registration and Examination of Ohio at its regular meeting on January 2, 1900. The Secretary was instructed to inform you that the Ohio Board could take no definite action on the question of reciprocity at this time, because of the fact that the laws of Ohio gave no such authority.

FRANK WINDERS, M.D.

SOUTH CAROLINA.

COLUMBIA, S. C.

We have already raised our standard 15 per cent., and where the various State Boards conduct their examinations upon a similar basis and issue licenses under similar conditions with ours, we should recognize and endorse their licenses without subjecting the physicians thus holding them to another examination; and we should expect to have our licentiates accorded a similar courtesy.

RHODE ISLAND.

PROVIDENCE, R. I., Jan. 11, 1900.

In reply to your circular letter to this Board in reference to "Reciprocity in the Practice of Medicine" I will state that this Board is prepared to conform to such conditions of reciprocity as are consistent with the qualifications and conditions for granting certificates.

It will be necessary, however, as we can all see, that there should be some uniformity of opinion as to the standard of qualification, the nearest approach to which, appears to me to be in the proposition of Dr. Max Mailhouse, of New Haven, Secretary of the State Examining Committee representing the Connecticut Medical Society, that a meeting of the Examining Boards of the New England States, to be held in the State House at Boston, on February 1, 1900, at 2 P.M., at which meeting it is hoped that something practical may be evolved.

GARDNER T. SWARTS, Secretary.

TEXAS.

GALVESTON, TEX., Nov. 9, 1900.

I am sorry to say the State of Texas has no State Board of Medical Examiners; we have so-called District Boards, but under existing statutes their organizations and operations are farcical, as they often license men without

diplomas, and commit so many irregularities that we would be better off without them. The State Association has labored so far without success to obtain enactment of an adequate law. We expect, however, to combine our efforts.

H. A. WEST, M.D.

VIRGINIA.

STUART, VA., Jan. 11, 1900.

The inclosed circular will explain our efforts in trying to amend our law in favor of reciprocity.

The other draft embraces the provisions of the Act of February 22, 1894, with some amendments, the principal changes being that the Board of Medical Examiners shall not be required to examine non-graduates and may issue certificates at their discretion, to graduates who have certificates from other States, without examination.

R. S. MARTIN, M.D., Secretary.

WISCONSIN.

WISCONSIN, Nov. 3, 1899.

There may be a special meeting of this Board some time this month. If not, the regular meeting takes place on the second Tuesday in January. Your letter and inclosures will be presented to the Board at its meeting. I may say that the law under which the Board is acting would not admit of the arrangements outlined in your prospectus. The project of a National and State League of State licentiates with reciprocal arrangements with States with equal standards has frequently been considered by the Board. A strong effort will be made at the meeting of the next legislature to advance our standard to a State examination of all graduates.

Wisconsin Medical Law, 1893: Any practitioner of medicine holding a certificate from any other State Board imposing requirements equal to those established by the Board provided for herein may, on presentation of the same with a diploma, be admitted to practice in this State without an examination at the discretion of the Board, on the payment of the fee.

H. M. LUDWIG, M.D.

FOUND FOR THE DEFENDANT.—A few years ago Dr. William Judkins, of this city, criticised in pretty strong terms the character of some medical supplies that were being sold at that time by Messrs. J. T. White & Co. That firm entered suit against the doctor for libel. The suit was actively contested, but it took the jury only a few minutes to bring in a verdict for the doctor, on which he is entitled to warm congratulations.

NEVER give a child a bath immediately after a meal.—*Med. Summary.*

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Gastro-Intestinal Disinfection, Bacteriologically Considered.

At the Medical Society Hr. Schütz, Wiesbaden, read a paper on this subject. The estimation of the value of the gastric juice in the digestion and absorption of material from the small intestine had receded, but the antiseptic power of a 2 per cent. solution of hydrochloric acid was uncontested. It was not improbable that this power was chiefly exercised in the stomach. It had been shown that there was no relation between decomposition in the intestine and gastric juice.

The writer had endeavored to study the flora of the intestine, and to compare them with those growing when hydrochloric acid was withheld. He had to find a species of bacterium which passed into the duodenum of the dog direct (without contact with gastric juice) and it did not appear in the feces, therefore died in the intestine; further, that the bacillus passed through the stomach under normal conditions, and that therefore HCl was not an unsurmountable obstacle. Only one bacterium answered to these conditions, and that was the cholera vibrio Metchnikoff. The experiments were made on the dog as being equally omnivorous with the human subject. After feeding with the vibrio and killing the animal, the feces were then examined by cultivation. After describing the mode of preparation of the vibrios the speaker went on to say that the infective material was given in large quantities—in three young dogs five to fifteen milliards in four to eight weeks. After preliminary experiments which showed that under normal conditions the vibrio did not pass away in the stools, he proceeded with his experiments, and passed the infective material direct into the duodenum. Even without any influence from HCl no vibrios passed through the intestinal canal, whatever quantity might be given. But if purgatives

were given simultaneously (calomel, castor oil), then the stools contained the vibrios for twelve hours after they had been given. As regarded post-mortem appearances, the small intestine was highly inflamed, as after cholera infection. The vibrios, even in large quantities disappeared before reaching the large intestine. The experiments showed that the vibrio passed through the stomach capable of development, even when given along with food that furthered the secretion of gastric juice. There was, therefore, a highly energetic power of disinfection in the upper parts of the bowel that indicated an antiseptic property in the bile. The speaker finally sought to explain how disinfection in the intestine acted on the bacteria of decomposition, and pointed out that calomel did not remove the germs, but that they continued to appear for twelve hours after administration, while in the other animals they had disappeared from the intestine within two or three hours after their last administration.—*Berlin Cor. Med. Press and Circular.*

Mental Contagion and Infection.

Dr. Richard Dewey presents, in the *American Journal of Insanity* for October, 1899, some interesting remarks on this subject. "It is literally true," he says, "that certain mental and nervous diseases are the result of toxins of bacterial or other origin, and that there are specific infections capable of causing insanity directly or indirectly," but he invites attention rather to those nervous diseases like hysteria and chorea, which may spread from one sufferer to several. Epidemics of this sort of infection are not infrequent in history. Mesmerism; spiritism, Christian science, osteopathy, are excellent examples, while to a lesser extent hysteria and ecstasy have run rife in boarding-schools and monasteries. Hysterical patients in asylums frequently infect others, and delusions have been reproduced in other patients in many instances. The restriction of reproduction by the degenerate is greatly to be desired as a preventive

measure; the survival of the fittest is to be sought; and educational measures are never to be lost sight of. "The well-equipped hospital for the acute and curable insane, the separation of the epileptic, the criminal, the alcoholic cases, and the deeply demented"—these are measures greatly to be desired and beginning to be much appreciated.

In this connection it is interesting to note that in the hospital now building at the Northern Michigan Asylum it is hoped to receive and treat all acute and curable cases, keeping them separate from the chronic cases, and so lessening the danger of possible infection.—*Med. Age.*

Angina Pectoris.

At the Medical Society a member spoke on the treatment of angina pectoris, which he considered should attract the attention of every medical practitioner more particularly as he can render considerable service in this affection. The treatment was twofold, that of the attack and that of the interval between the attacks.

Above all the patient should be enjoined absolute rest. The windows of the room should be opened to procure as much pure air as possible. Mustard to the legs, neck and precordial region, so frequently employed by persons in attendance on the patient, should be discarded; it did no good and only wasted time. Injection of morphia on the other hand was a good means of treatment; open, however, to the objection that if it were necessary to use them often, there was danger of intoxication or of accustoming the patient to the drug, producing finally morphia-mania. Chloral was too slow in its action to be employed at the moment of the attack, and in any case it had a toxic effect on weak hearts. The same might be said of chloroform and ether by inhalation.

Iodide of ethyl and iodide of amyl, on the contrary, gave good results, but nitrite of amyl, in doses of from eighteen to twenty drops on a handkerchief, should be preferred. Certain patients derive great benefit from nitroglycerine,

that is to say, those whose faces are congested, but with those who become pale during the attack and cadaverous looking, it does not succeed so well. Hydrobromate of quinine, given at the outset of the attack, prolongs the action of the nitroglycerine. Other remedies have been recommended for angina pectoris such as pyridine, cigarettes of stramonium, lobelia, etc., but they are only of value when attacks of asthma coincide with the angina, or in cases of pseudo-angina pectoris provoked by acute aortitis, neuritis of the cardiac plexus, pericarditis, or Bright's disease.

Once the attack has terminated the medical attendant should apply himself to prevent a return, or to diminish its frequency and intensity. To reach that result it was necessary to treat the malady of which the angina was a symptom. From what is known up to the present on the subject true angina pectoris is the result of sclerosis of the coronary arteries produced by chronic arteritis.

Iodide of potassium is the best agent in such cases; it should be given for months, if not years, at small doses (five to fifteen grains daily). The greatest perseverance is necessary, but to avoid iodism the treatment may be suspended ten days a month. In following that treatment the patient was almost sure to obtain very good results, and some had completely recovered. Instead of iodide of potassium, iodide of sodium, or strontium, or lithium might be given, but they are inferior to iodide of potassium.

During fifteen days every month the nitroglycerine may be given to advantage; it dilates the vessels, and favors the circulation through the coronary arteries and their branches, facilitating thus the nutrition of the heart. Ignipuncture over the heart often renders good service, but if the patient objected to it, tincture of iodine might be used instead. As to abdominal massage recommended some time ago, it had not given any result in the speaker's practice.

The régime of the patients should be that of patient suffering from a grave heart affection: Moderation at table,

suppression of alcohol and tobacco, avoid moral emotions, muscular efforts, fatigue, dwell in a mild climate.—*Paris Cor. Med. Press and Circular.*

The American Flag and the Hospital-Ship "Maine."

The American hospital-ship Maine has been fitted up, ostensibly by American women. It has been tendered to and accepted by the British army for service in the Transvaal. Beside the British flag, under which the ship is to sail, is placed the American flag. The placing of "Old Glory" on this ship is regarded by some as not in keeping with the professed strict neutrality of our government. "The American flag on the high seas represents the United States Government, and there is no recognition in international law for assistance of a strictly neutral power even in hospital service." Our hospital-ships belong to and are a part of our army and navy. The same rule applies to the other powers. This hospital-ship does not belong to the Red Cross, an organization recognized by all nations. If the "Maine" is a British hospital ship—which it is—why should she carry the American flag at all? If she is an American hospital-ship, on a mission of mercy bent, let her sail as an American ship—as a hospital ship of the Red Cross—given to the Red Cross, carrying medical aid and nursing to the sick and wounded of British and Boer alike. She could sail on no more sacred mission; a mission not only in keeping with humane and philanthropic spirit of the medical profession in all christianized countries.

It is not the physician's province, nor is it in his heart to turn his back upon a wounded and suffering foe. A British surgeon or an American surgeon, would bind the wounds of a fallen foe in the name of humanity, but never in response to a weak "sentimentalism," born of emotions likely to prove treacherous and short sighted when it comes to deciding great questions.

The mere flying of the American flag on this hospital-ship is not a purely

medical matter, only in so far as it is associated with the administration of a service that is of importance to all medical people interested in army medical service, a service that under the Stars and Stripes has grown to be one of the best and most humane in the world.

However well meant this bit of "sentimentalism" may be, it should not be allowed to misrepresent our flag and all it might mean on this hospitalship; nor do we believe that the American-born women of England would for one moment consent to placing the flag of their one-time and still-loved country in a compromising position, if they learned that through any act of theirs they were doing so.—*Woman's Med. Journal*.

Acromegaly.

At the Medical Society Herr Mendel showed preparations from a case of acromegaly. In November, 1895, the speaker showed the case and gave a history of it. In addition to the visible acromegaly there were hemianopsia bilateralis, struma, amenorrhea, etc. There were violent headaches and vomiting, and in the free intervals between polyphagia and polydipsia. The patient died in October, 1899. Section confirmed the diagnosis previously given of the disease of the hypophysis. There was a tumor proceeding from the hypophysis which had destroyed it, and which had grown forwards and backwards on the dorsal aspect, and had reached the size of a walnut. Microscopically, it proved to be a myxosarcoma. Besides this there was a goitre the size of two fists with colloid contents, a persisting thymus (five ctm. in length), an enlarged spleen (twenty ctm. in length), small cysts in the ovaries, and mammae of enormous size.

As to whether the other changes had any connection with the disease of the hypophysis that led to the acromegaly, there was nothing to show. Possibly the case showed that acromegaly was a general disease that implicated several organs that were functionally related to one another. Organotherapeutics put into use (fresh hypo-

physis substance from the slaughterhouse) in this, as in other cases, left them in the lurch.—*Berlin Cor. Med. Press and Circular*.

The Relationship Between the Ovary and Mammary Gland.

With the advances which have been made within the last few years in the use of various glands in therapeutics, it has been claimed by certain physicians that the employment of ovarian extract on the one hand, or of mammary gland on the other, was capable of producing certain influences upon these organs, the mammary gland affecting the ovary, and *vice versa*.

As long ago as May, 1896, Beatson, of Glasgow, exhibited an extraordinary case in which an inoperable and recurrent cancer of the breast had disappeared apparently as a result of the removal of both ovaries and the administration of thyroid extract; and after him, Stanley Boyd, of London, performed oöphorectomy alone, without giving any thyroid, to determine what effect this operation would have upon mammary carcinoma.

In the *British Medical Journal* of September 30, 1899, Boyd records the results which he has obtained, both with and without the use of thyroid, after oöphorectomy in his first and later cases. He believes, notwithstanding the fact that he has employed thyroid gland in addition to the ablation of the ovary, that it cannot be essential, because as great success can be obtained without it as with it, and he does not believe that there is the slightest evidence that the thyroid gland exercises a favorable influence in cancer. It is true that Page and Bishop about eighteen months ago recorded a case in which the administration of thyroid to a woman with mammary cancer seemed to produce an arrest of the growth, but notwithstanding this single individual instance he has little confidence in the value of thyroid under these circumstances. As the result of a study of his cases he has reached the following conclusions.

1. The ovaries removed have usually seemed healthy.

2. That results are not uniform: some are successful, some partially so, some quite unsuccessful. Non-success seems to be connected with: (1) presence of much cancer; (2) affection of bones and viscera; (3) long cessation of menstruation, or rather with the ovarian changes indicated by this; and (4) cachexia. But there is something else required to account for some of the failures.

3. *As to Type of Disease.*—No really acute case has shown the maximum of benefit; but for six months marked improvement occurred in his second case, aged thirty-seven, in whom the total known duration of the disease was two and a half to three years. The most successful cases were of four to seven years' growth up to the oöphorectomy.

4. *Age.*—The extreme ages of the patients were: thirty-three in Beatson's No. 1; forty-nine in Herman's No. 2.

5. *Relation to Menopause.*—This patient of Herman's had for six months been irregular, and for three months had seen nothing. This is the only case known to him of improvement from oöphorectomy apparently after the menopause.

6. *Influence of Secondary Nodules.*—Growths starting from mammary epithelium are not uniformly affected by oöphorectomy. Speaking generally, those in the skin and subcutaneous tissue are most readily affected by oöphorectomy; then infected glands, then growths in the breast itself. Muscle nodules grow slowly, and he knows of no proof that growths in bones or viscera are affected at all. Even neighboring growths in the same tissue do not disappear at the same rate.

7. *Duration of Action.*—Sufficient time has not yet elapsed to determine whether any of these disappearances of cancer may be permanent. His first case showed no sign of relapse when he saw her twenty-eight months after oöphorectomy. In Dr. Beatson's case relapse began at twenty-five months. When relapse occurs there is a great tendency for nodules to reappear upon old sites, as if some cells had remained dormant at these spots. In some cases—for example, Dr. Beatson's—the recurrences have developed very slowly,

as if held in check or resisted by the tissues; and Boyd thinks he has noticed the same retarding influence in the case of growths which have not disappeared after an oöphorectomy. But it is, of course, impossible to be certain of this.

8. *Mode of Disappearance.*—Dr. Beatson showed that diminished vascularity of cancer nodules, coupled with loss of pain, was the earliest effect of oöphorectomy. By excising shrinking nodules he demonstrated that they were undergoing rapid fatty degeneration.

9. *Effect upon Cancers Other than Mammary.*—Uterine cancer has in several instances been treated by oöphorectomy. Diminution of hemorrhage and of sepsis have been the most favorable results obtained. And yet one would have supposed that the association of the ovary and uterus was closer than that of the ovary and breast.

So far as Boyd can ascertain from the scanty material at present available, these are the chief points in the case which he has to lay before us. The practical importance of the matter is self-evident. He thinks we will agree with him that in some cases of recurrent cancer of the breast removal of the ovaries induces atrophy of the cancerous growth. The main question he wishes to submit to us is how this may be brought about. He would particularly ask for suggestions as to the experimental solution of the problem. There is hardly anything in the abdomen which is not removed, intentionally or unintentionally, nowadays; and there can be no doubt a careful noting of results of operations would convert many of them into useful experiments.

His own working hypothesis has been that the internal secretion of the ovary probably exercises an important influence upon all the cells of the body; that this internal secretion may vary in quality, pathologically if not physiologically; that when varied in some unknown way the ovarian secretion favors the growth—possibly even the action of the cause—of cancer, influencing either the invading epithelium or the resisting mesoblastic tissues. The removal of ovaries of which the secretion is thus faulty would leave the tis-

sues unhampered, and might turn the scale in their favor, at least for a time. On the other hand, the removal of ovaries secreting normally would have no effect upon the cancer present.

It is interesting to note that a prominent member of the medical profession in this country, Prof. E. E. Montgomery, of Philadelphia, has recently published an interesting paper in which there is a consideration of this line of treatment. Collateral information in regard to this subject is also embodied in an interesting and brief article by Routh in the *British Medical Journal* of September 30, 1899, which will be found in our Progress columns of the current month.—*Therapeutic Gazette*.

Experiences in Cancer of the Colon.

At the last meeting of the Society for Innere Medizin Hr. J. Boaz read a paper on this subject. He had a material of fifteen cases (twelve in men, and three in women). In eight cases the tumor was demonstrable, in six its seat was the cecum, and two, the hepatic flexure of the colon. Twelve cases were treated by operation. He divided the cases, according to the subjective symptoms, into four groups: (1) Only slight gastric disturbances, and here the diagnosis was difficult. (2) More precise symptoms that fixed the attention on the disturbed intestinal function, the symptoms not being very characteristic. (3) The history and subjective symptoms directed the attention, from the first, to the bowel, and were indicative of the nature of the trouble. The history here was of a stereotyped character. The patients had had no previous trouble in the bowels, or only slight. Suddenly severe symptoms supervened, with paroxysmal pain, nausea, and vomiting. The attacks then became frequent and more severe, from a stenosing carcinoma; if the disease was seated in the sigmoid flexure, there was tenesmus in addition to the other symptoms. (4) In the midst of seeming good health ileus came on, without distinct indications as to the nature of the disease. On careful inquiry earlier in-

dication will be brought to light. Sometimes errors in diet have been blamed as the cause, sometimes not.

The existence of a tumor was more important as regarded diagnosis. Of the eight cases in which the tumor could be felt, in only two could it be distinctly moved, and these tumors were in the cecum with a short mesentery. The temporary disappearance, sometimes for two or three days, was of importance. By this was shown the importance of repeated examination, both with the bowel full and empty, in order to protect against errors of diagnosis. In order to test the movability of a tumor, artificial blowing up of the bowel was of importance, and also palpation in the warm full bath.

It was important to distinguish between innocent and malignant tumors, and especially between tumors on cecal and perityphlitic exudates. The speaker had had two cases in which it was very difficult to distinguish such tumors from tuberculous ileo-cecal tumor. The diagnosis was facilitated by indications of tuberculosis in the feces, and by the musical intestinal sounds said by König to be heard when the stenosed part is of length. One especially good means of distinction lay in the diazoreaction observed in tubercle. It had been confirmed in recent times that this was always absent in the case of malignant tumors. A valuable sign was furnished by the symptoms of stenosis. Subjectively, there was severe colic with nausea and vomiting, and objectively, independent of meteorism, tetanic peristaltic movement. The symptoms often receded for a time with careful dieting. Repeated tension of a small coil of intestine with subsequent relaxation was an important sign. All cases exhibiting such symptoms should be taken to the hospital for further observation. He had seen hematemesis in two cases, in which the blood regurgitated from the lower segments of intestine. As regarded the feces, the presence of blood and pus was important. Serious bleeding was only seen in two of the fifteen cases. He had never seen particles of the tumor in the stools except

after washing out. The general condition sometimes oscillated more than might have been expected; he has seen an increase of weight of three kilogrammes in a week. As regards diet, some kinds of food should be avoided—skin fruit, Graham bread, and asparagus—they might originate an attack of ileus. In attacks of stenosis purgatives were generally useful, but in some cases opium was the best.

Of his twelve operation cases five were resection, with two deaths. One being still alive and well after four years, four well after being operated on five months. In four cases entero-anastomosis was performed. (One death from perforation, one patient living after nine months, two after six months.) In one case an anus preternaturalis was made—death after four months.

The results of operation were not very encouraging. Most of the cases were operated on too late. With early diagnosis and operation, the result would have been better.

Operation was indicated in movable tumor and good general condition. The form of operation could not be decided before the abdomen was open. As metastases generally took place late, extirpation afforded tolerably favorable chances. Further, operation should be performed even when no distinct tumor could be felt, if symptoms of stenosis were marked, and also in the case of ileus.—*Berlin Cor. Med. Press and Circular*.

Extrauterine Pregnancy.

Dr. Lepage, in lecturing on the diagnosis of the above, said that several cases of pregnancy, in reality uterine, had been taken to his knowledge for extrauterine pregnancy. The diagnosis of the latter presented, however, difficulties varying with the period of the gestation at which the woman is examined and the intensity of the incidents produced in each case. For the last ten years the diagnosis was rendered more easy by a more accurate knowledge of the symptoms. Yet it was frequently possible to confound

the situation of the fetus in both cases. A woman is seven months pregnant since her last monthly period; she has lost blood several times and complained of suffering in the abdomen, pain not felt in previous pregnancies. Sometimes a doctor or a midwife called towards the third month of gestation have declared imprudently that abortion was imminent, and even that it had already taken place. Besides the patient had suffered some difficulty in emptying the bladder and rectum. In a word, in questioning the woman the more or less classical type of ectopic pregnancy presents itself to the mind. It is thus that a strong road is being taken and will be persisted in if obstetrical examination reveals some anomaly in the form or in the situation of the uterus.—*Paris Cor. Med. Press and Circular*.

The Early Recognition and Management of Malignant Disease of the Digestive System.

Einhorn, writing in the *New York Medical Journal* of July 29, 1899, points out that having made the diagnosis of malignant disease, the question arises, What shall be done for the patient? The following may be given in brief as an answer applicable to the digestive system in general:

1. Whenever the tumor is accessible for operation, and there is the slightest hope of curing the patient, the complete extirpation of the growth should be performed.
2. If the tumor is not accessible for operation, or the entire removal of the malignant disease is practically impossible, palliative operations which serve to alleviate suffering and prolong life should be undertaken in cases requiring them.
3. Cases of malignant disease operated upon, as well as those without operation, require for their treatment and management a skillful physician, who is able to lessen suffering and nearly always also to lengthen life, even under the most trying conditions.

After these general statements, Dr. Einhorn says a few words with regard to the special management of malignant

disease in the different portions of the digestive tract.

Cancer of the esophagus and cardia does not for the present permit of any radical operation. As soon as the diagnosis is positive and the dysphagia is such that the patient is not able to partake of sufficient liquid and semiliquid food in order to maintain his weight, gastrostomy should be performed wherever feasible.

Cancer of the stomach and the entire intestinal tract should be operated (*i. e.*, removed), if discovered early enough. Practically the outlook for a cure after a radical operation of some portion of the intestinal canal becomes less encouraging the farther away from the anus the tumor is situated. Malignant disease of the pylorus can often be recognized quite early through the ischychymia which it usually produces. In these instances a laparotomy should be performed as soon as possible and the pylorus resected, with establishment of a new communication between stomach and duodenum if possible; if not, a gastroenterostomy alone should be made. The latter operation is in many cases of decided benefit, facilitating nutrition and rendering the pains less.

Cancer of the lesser curvature of the stomach or of the posterior wall is usually recognized quite late, rendering radical operations practically impossible. If the cardia and pylorus are not involved, there will be no need of any operation, and the usual palliative remedies should be administered. The same may be said also of cancer of other portions of the stomach not involving either cardia or pylorus, in which a radical operation does not appear possible.

Cancer of the rectum can be recognized at an early stage, and resection of the neoplasm is here accompanied by brilliant results. If the tumor is located farther up in the large bowel or the small intestine the results of an operation are not so promising, for here the recognition of the growth is possible only at an advanced period, and by that time often adhesions with other organs and cancerous infection of the glands have already taken place.

Excision of the tumor and resection

of the intestine in the neighborhood of neoplasm, with an end-to-end anastomosis, should be practiced whenever feasible. In case, however, total resection is impossible, an enteroenterostomy or enterocolostomy, or, if the cancer is situated in the rectum, a colostomy (artificial anus) will be of benefit. These operations are palliative in nature and prolong life, at the same time making it more comfortable. They are intended to allay the symptoms of obstruction and to carry the fecal matter over a new route, not passing through, and thus not irritating, the cancerous area. In some instances of inoperable cancer of the rectum curettage, followed by the application of the thermocautery, may be of benefit for a short time.—

Therapeutic Gazette.

THE PASSING AWAY OF THE PESSARY.—

Under this heading the *International Journal of Surgery* for December editorially says: "There was a time within the memory of most of us when, if a gynecologist failed to devise a new pessary, his attainments in his specialty were considered as rather questionable. That they are potent for harm in unskilled hands is perfectly true, still, the same might be said of pretty nearly every therapeutic substance or device of which we make use. The instrument dealers tell us that the demand for pessaries is unquestionably diminishing. Twenty years ago the budding gynecologist began with an armamentarium composed chiefly of cotton for tampons, and of a large and varied assortment of pessaries. He soon realized that in a majority of cases the best that could be said for them was that they were temporary makeshifts, and now and then when he was called upon to remove a long-forgotten pessary that had made raw and bleeding grooves within a vagina and nearly disappeared within its folds, he began to doubt that it was the right thing in the right place."

The occasion for using a pessary was usually to act as a support for a displaced uterus caused by being engorged with blood and thus throwing upon the broad ligament a weight which it could not sustain. The modern treatment of this condition is to use a remedy such as Micajah's Medicated Uterine Wafers, which will deplete the congested uterus and the surrounding mucous membranes of their blood supply, add tone to the tissues and thus relieve the broad ligament of its unusual burden. Dr. Wheeler, of Troy, N. Y., says: "For the past five years I have not failed to cure a case of Prolapsus Uteri with Micajah's Medicated Uterine Wafers and have discarded all pessaries."

Miscellany.**MID-WINTER MEDICAL RHYMES.**

COLLECTED FROM VARIOUS SOURCES

BY T. C. M.

Jean Baptiste Paquette.

My name ees Jean Ba'tees Paquette,
I live near h'Ottawa.
If I was marry? Well, you bet
Ole Jules Lablanche of Calumet
Ees my papa-eeen-law.

One year ago las' Mardi Gras,
I'm marry Rosalie;
And now I'm fader; oui, mon gar;
It makes feel good for be papa,
Wid leetle small babee.

It's boy or girl, you wan' to know?
Well, wait, and I will tell;
Hit come 'bout five, six mont' ago.
My wife, get sick, and I was go
For bring Docteur Labelle.

Bellemère Lablanche, she's livin' dere,
So when that docteur come,
She say, "Batees, you keep downstairs!"
I say, "Batees, prends donc un verre,
'Ski Blanc avec du homme."

I make myself a leetle drink,
And den I say, "Mon vieux,
You goin' to be a fader soon, I tink.
You like hit?" Den I make a vink,
And say, "Bullee for you!"

Den by en by I'm not so glad,
I tink, "Poor Rosalie,
May be she's feelin' pretty bad;
May be she die." Dat make me sad;
Perhaps I'll go and see.

I go so quiet to de stair,
And den I call "Docteur!"
He say, "You get away from dere,"
And den, "Tais toi," says my Bellemère,
"You can't keep still for sure."

Den I sit an' feel so triste,
Till some one laughs en haut;
Dat sound hall right; I say, "Batees,
You'll like some whiskey, just de leaste
Small drop for luck, you know."

I drink myself a bon santé.
"Batees, I wish you joy!"
And den I hear de docteur say,
"Hullo, Paquette: I t'ink he'll weigh
Ten pounds, dis leetle boy."

I feel so glad I jump dat high,
I go for run upstairs,
De docteur see me come, and cry,
"Hole on, I'll call you by-en-by;
De room ain't quite prepare."

To wait dis time was much de worst;
I'm feelin' pretty queer;

I say, "Batees, you've got a thirst
For drink to Jules Paquette de First,
He don't come every year."

I drink his healt' and den I cry—
Dat make you laugh to see?
And me, I laugh, and wipe my eye,
I wash my face and t'ink I'll try
For go see Rosalie.

I fix up clean, I brush my hair,
Give my moostash a curl,
And when I jus' was reach de stair,
De docteur shout: "Paquette, you dere?
Here come a ten-pound girl!"

I jump dat high; I'm scared, you know;
I'm stan' dere in de hall,
Den call, "Docteur!" He say "Hello!"
I say, "Docteur!" He say "Hello!"
You tink dat dat is all?

He laugh like anything an' say,
"How many more you want?
I guess dat's all you have to-day;
You wan' to see de family, heh?
Dis way, den, en avaut!"

* * *

I'm glad to see dem hall, you bet.
I say to Rosalie:
"Dat's splendid babies, Ma'am Paquette,
I can't spare one of dem, and yet
I'm glad you don't have t'ree!"
J. H. M., in *Victoria (B. C.) Times*.

Verses on the Doctor.

I entered the profession, like other men, to
live;
I've found how very few and rare the prizes
it can give.
I've striven long from ill and death my fellow-
men to guard,
And many kicks, and ha'pence scant, received
as my reward.
For it's Doctor this and Doctor that and
"doctor's gross mistakes,"
But it's "Run and fetch the doctor" when
the little finger aches,—
When your little finger aches, my friends,
your little finger aches.
Oh! it's "Run and fetch the doctor" when
the little finger aches.

We bolt our meals; we scrimp our sleep; we
little know of rest;
Through four and twenty hours we wait the
club patient's behest.
You ring us up at midnight, you rush us all
the day,
You wear our souls and bodies out, and then
refuse to pay.
For it's Doctor this and Doctor that and
"What a monstrous bill!"
But it's "Doctor, won't you save her?" when
your only child is ill,—
When your only child is ill, my friends, your
only child is ill.
Oh! it's "Save her; never mind the cost!"
when the only child is ill.

We face the plague and pestilence, greet
 danger with a laugh;
 We win our V. C.'s day by day, and get re-
 paid in chaff.
 The very depths of human life, the foul and
 mean we scan;
 But bitterest of all we find is the ingratitude
 of man.
 Oh! it's Doctor this and Doctor that and
 "lazy, careless brute!"
 But it's "noblest of professions" when the
 pains begin to shoot,—
 When your pains begin to shoot, my friends,
 your pains begin to shoot.
 It's "noblest of professions" when your
 pains begin to shoot.

You spend your time in idle talk and pass
 the careless lie:
 How that d—d doctor messed your case and
 made you nearly die.
 And everywhere you seek to do him all the
 harm you can,
 And, vile traducer though you be, pose as an
 honest man.
 For it's Doctor this and Doctor that; it's
 charlatan and quack;
 But it's "skillfullest physician" when you're
 laid upon your back—
 When you're laid upon your back, my friend,
 you're laid upon your back.
 Oh! it's "skillfullest physician" when you're
 laid upon your back.

The papers rave about our mission, which
 they call divine,
 Or deprecate our selfishness because we dare
 combine.
 The manna drops from heaven, they think, to
 feed us and our wives;
 Our business not to save our own, but only
 other lives.
 For it's "Sawbones this" and "Butcher that"
 and any other taunt;
 But in the Valley of the Shadow it's the doctor
 that you want—
 It's the doctor that you want, my friends, it's
 the doctor that you want.
 In the Valley of the Shadow it's the doctor
 that you want.

—*Australasian Med. Journal.*

A Plea for Meat.

Dr. Leo Lillienfeld, of Vienna, has discovered a method of producing artificial albumen. The production is effected by the condensation of phenol and amidoacetic acid with phosphochloric oxide. Dr. Lillienfeld calls the product pepton. It is maintained that meat and other organic albuminous products will be superseded.—*Cable Despatch.*

Oh, doctor, though we know it's so,
 Man wants but little here below,
 Yet, when it comes to things to eat,
 Few men of blood will give up meat.

Think not from men of brawn to purloin
 The succulent and tasty sirloin;

Nor yet expect a hearty benison,
 If from them you would filch their venison.

Who "eats to live," and hates to eat,
 May find your "pepton" wondrous sweet;
 But he who "lives to eat," dear sir,
 At your invention will demur.

Hail, chop and steak, and game and fish,
 And every other toothsome dish!
 Hail, grill and spit and ovens hot,
 And chaffing-dish, and pan and pot!

Dyspeptics care not what there're kept on,
 So let them praise your odious pepton;
 But gourmands will not give a button
 For pepton as opposed to mutton.

CHARLES BATTELL LOOMIS.

The Puzzled Census-Taker.

"Got any boys?" the marshal said
 To the lady from Over the Rhine;
 And the lady shook her flaxen head
 And civilly answered, "Nein."

"Got any girls?" the marshal said
 To the lady from Over the Rhine;
 And again the lady shook her head,
 And civilly answered, "Nein."

"But some are dead?" the marshal said
 To the lady from Over the Rhine;
 And again she shook her flaxen head,
 And civilly answered, "Nein."

"Husband, of course?" the marshal said
 To the lady from Over the Rhine;
 And again she shook her flaxen head,
 And civilly answered, "Nein."

"Now, what do you mean by shaking
 your head,
 And always answering 'Nein?'
 'Ich kann nicht Englisch!'" civilly said
 The lady from Over the Rhine.

A Modest Maid.

An old maid lived in our town,
 So I have heard it said,
 Who, if you called a dress a gown,
 Would blush like poppies red.

Her mind was neither frail nor weak—
 Her modesty was rare.
 Of autumn trees she'd never speak
 Because their limbs were bare.

When night its sable shadows threw,
 She'd tumble in a swoon
 If curtain did not hide from view,
 The man up in the moon.

She never sang a sacred song—
 A very modest whim;
 To think of one she thought was wrong
 Because it was a hymn.

A plumber caused her death one day—
 So the story goes—

By asking her in a careless way
To let him see her hose.

—*Southern California Practitioner.*

Everything Gone.

The bills came in; the money went.
The sick man's hopes grew fewer,
And finally the doctor came
And took his temperature.

And when his temperature was gone,
Through quinine's fierce repulse;
The doctor came again next day
And calmly took his pulse.

He thought that this the end would be,
But was filled with consternation
When the doctor came around again,
And took his respiration.

—*California Med. Journal.*

Etiology of Tabes Dorsalis.

Benedikt read at the meeting of the Gesellschaft der Aerzte a long paper on the etiology of tabes dorsalis, which he maintained was purely hereditary in origin. All other causes, such as exhaustion, violent exertion, illicit excess and colds, were only immediate exciting causes in persons predisposed to the disease. What part syphilis played in the disease was difficult at the present time to determine, but present-day statistics were certainly against Erb's figures, which he used twenty-two years ago to vindicate his opinion that syphilis was the sole cause of this obscure disease. Benedikt then adduced his own investigations and found that in every hundred cases examined fifty-two were positively free from syphilis; thirty-four had been infected, while thirteen remained doubtful. It is quite conceivable, however, that mercury and iodide when given in large quantities for syphilis will induce tabes dorsalis in the predisposed.

A large number have syphilis, and no tabes dorsalis follows the disease, while a large number have tabes dorsalis without any trace of syphilis.—*Vienna Cor. Med. Press and Circular.*

HEADACHES at the menopause, with the flushes followed by perspiration, are relieved with gelsemium.—*Med. Summary.*

Book Reviews.

The Nervous System and Its Constituent Neurones. Designed for the Use of Practitioners of Medicine and of Students of Medicine and Psychology. By LEWELLYS F. BARKER, M.B.Tor. With two colored plates, and 676 illustrations in the text. New York: D. Appleton & Co. 1899.

This handsome volume of more than 1100 pages, profusely and effectively illustrated, is the most exhaustive exposition of the neuron architecture of the nervous system that has yet appeared in the English language, and will be particularly acceptable to the three classes of readers for which its author intended it.

Being the outcome of a series of contributions to a leading medical periodical which outgrew their intended limits, it furnishes a good illustration of one of the important results of medical journalism.

The subject is viewed from a historical standpoint as a preliminary to the more exhaustive treatment of its modern morphologic, physiologic and pathologic aspects.

Respecting the neuron doctrine in general, the author accepts (p. 62, footnote) its "great principles . . . which competent neurologists believe to be incontrovertibly established."

While admitting the value and novelty of Apathy's laborious and skillful researches (which have been supposed by some to invalidate the neuron doctrine), and of which he gives a very clear and acceptable *résumé*, he says of them that "even if confirmed the neuron doctrine would not have to be seriously modified, much less abandoned." His closing remarks on this portion of the subject are significant (p. 64): "There may be units smaller than cells, and in all probability there are; there may be, and probably are, in the nervous system units other than those generally described, and it is important that we should find out all that there is to learn about them; but that the human body is made up largely of a mass of cells, and that the human nervous system is made up largely of great numbers of cell units, the so-called

neurones, would seem to be facts too firmly established ever to be utterly overthrown."

He also emphasizes the fact (p. 147) that "we do not know the exact histological mechanism . . . underlying conduction, and should be willing to confess it."

Whether the neuro-fibrillæ, the spongio-plasmic network or the hyaloplasm filling their interstices is the proper conducting substance of the neuron, remains, therefore, an open question.

The book is so compact already that an abstract is impossible; it is already, in fact, an abstract of the literature and research of the world upon the subject, which has been so moulded, combined and fused as to constitute a harmonious and complete structure in a literary as well as scientific sense. Both in subject matter and illustrations it shows the keen discrimination and critical judgment of the master, thoroughly familiar with his subject and fully appreciative of the work of others.

In this connection it is particularly gratifying to note his reference (p. 43) to the admirable work in the same direction of our own fellow-townsmen, Dr. D. I. Wolfstein, contributed originally to the Cincinnati Society for Medical Research and published in this journal for 1899, vol. xxxix, pp. 565-579.

The nomenclature is that of the "Basel Commission," but the author very properly prefers Wilder's terms "ventral" and "dorsal" instead of anterior and posterior.

It is perhaps to be regretted for the sake of English readers that Prof. Wilder's nomenclature was not adopted throughout, as it has been by Mills in his new text-book, since it has the endorsement of such a distinguished body as the American Neurological Association.

The author's personal preference for *neurone* instead of *neuron* may be justified on etymologic grounds, but, like the term hypodermatic for hypodermic, it is questionable whether it will ever meet with general adoption.

The work as a whole is a monument to the author's learning and technical

skill, and should earn for him the gratitude of all students of neurological science.

The mechanical and artistic work is of a high order. L.

General and Local Anesthesia. By AIME PAUL HEINECK, M.D., Clinical Instructor in Genito-Urinary Diseases, College of Physicians and Surgeons, Chicago; Clinical Instructor in Gynecology, Chicago Clinical School; Clinical Instructor in Surgery, Northwestern University Woman's Medical College; 124 pages, \$1.00. G. P. Engelhard & Co., publishers, 358-362 Dearborn Street, Chicago.

The creditable administration of a general anesthetic is one of the most important of what might be called the side-issues of medicine that the student and the physician have to learn. That there are but few who have mastered the art can be readily determined if the reader will run over in his mind the number to whom he would trust himself in an emergency. Even more than with other medical procedures, it is an art that requires the closest study and the widest experience. As much of it as can be "learned from books" will be found in the little work under consideration. Every phase of the subject is taken up and fully described, including the treatment of the accidents and complications that will sometimes ensue, despite the greatest care. It is a pleasure to welcome and recommend this special work on "anesthesia," the first of its kind in the English tongue. M. A. B.

SAUNDERS' American Year Book of Medicine and Surgery will hereafter be published in two volumes. Members of the medical profession can obtain either or both volumes as they may elect. Price per volume is \$3 net.

Tubercular Dysphagia.

Younge (*Therapist*) states that dysphagia resulting from a tuberculous ulcer of the larynx may be quickly relieved by injecting one minim of pure guaiacol into the floor of the ulcer by means of a specially curved syringe.—*Denver Med. Times.*

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WHOLE VOLUME LXXXIII.

Original Articles.

DIAGNOSIS OF RECTAL DISEASES.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

The symptoms which usually present themselves which call a patient's attention to diseases of the rectum are many. The leading and most prominent is pain. This may be directly in the anus or rectum, or it may be in the pelvis, in the back or legs. We have hardly any rectal disease without having as an accompaniment pain in the anus or rectum. The pain may be slight and hardly noticeable, or it may be very severe. Severe pain does not always indicate serious disease, for the pain may be very little, yet the disease be of a serious character.

We may have, and generally do have, with many rectal diseases discharges of blood, pus and mucus. These discharges are considered much more serious by the patient than is simply pain. Then, again, we may have protrusions of the rectum, hemorrhoids, polypi, malignant growths, etc. We often have a disagreeable and aggravating pruritus or itching.

Some authors include diarrhea, dysentery and constipation as rectal diseases. I do not think they can be properly called rectal diseases. The pain may be located near the verge of the anus, or higher up in the rectum; it may be constant or only observed after defecation.

Generally we have pain accompanying hemorrhoids, either internal or external. Ulceration and malignant growths, and especially irritable ulcer or fissure, are painful. The pain resulting from fissure is severe and pecu-

liar, differing from all other pain about the rectum. It produces heat, smarting, gnawing, burning, and sometimes it is spasmodic and lancinating. The pain peculiar to fissure is almost absolutely diagnostic of the disease. The pain of hemorrhoids is governed almost entirely by the amount of inflammation present. External piles, if inflamed, are extremely painful; if they are not inflamed they cause very little suffering. If internal piles are not inflamed and are not down they are not painful.

If ulceration be located above the external sphincter muscle there is very little pain, but if it extends downward so the sphincter presses upon, it is generally painful. In cancer of the rectum there may be little pain, hardly more than an annoyance. Then, again, especially if the growth is grasped by the external sphincter muscle, the pain may be severe and almost unbearable.

The protrusions may be the rectum itself, internal hemorrhoids, polypi or malignant growths. These can easily be determined by a visual examination.

In simple prolapse of the rectum we may have bleeding, but, as a rule, not very much. Internal hemorrhoids may bleed very freely. Fissure bleeds very little. Ulceration not much, and cancer, in its first stages, hardly at all. The amount of bleeding is almost diagnostic of the disease present. Internal hemorrhoids may bleed extensively if they are down, but bleeding usually ceases when they are replaced. The bleeding from fissure is only a few drops, and this usually during defecation. Prolapse, unless a rupture of the rectum takes place, does not bleed much. In ulceration we seldom ever have pure blood, but the blood is mixed with pus and mucus.

If we have stricture and ulceration

the blood resembles coffee-grounds. When cancer ulcerates and breaks down we may have an exhausting hemorrhage I do not know that polypi bleed; I have never known one to. From their nature, I presume they may.

The rule is that we have constipation with the majority of rectal diseases. I think it is generally the cause of the disease. Of course, there are exceptions to this rule, for in ulceration of the rectum we more often have a diarrhea or frequent actions of the bowels; in fact, these tenesmus actions are frequently diagnostic of ulceration.

We should examine the feces in rectal diseases. Their nature, form or shape, consistency, if mixed with pus or mucus, etc., etc., help in making a diagnosis. If soft and mixed with pus we look for ulceration; if hard, round and small like a lead pencil, or flat or ribbon like, we expect stricture of the calibre of the rectum. If hard and lumpy we expect some obstruction somewhere. This may either be a stricture or contracted condition of the calibre of the gut. What I believe may produce this condition is enlarged prostate gland. Should there be pus discharged in large quantity at any time, the indication is that an abscess has ruptured internally. We may have an increased mucous discharge from most any unusual irritation of the rectum.

All the above symptoms aid us in making a correct diagnosis of the rectal disease present.

The methods I make use of in examining the anus and rectum are as follows. I have the patient lay upon the left side upon my operating table, the left arm thrown back of the body, the knees drawn upwards toward the abdomen. I believe a simple table is better than any chair that ever has been invented. My table is six feet long, two feet and a half wide, and three feet high. This table is made very heavy. In the end I have two drawers for instruments, cotton, vaseline, medicines, etc., etc. The top of my table is oak. I think very little is gained in having a glass top. Glass can perhaps be a little easier cleaned than wood. Patients complain a great

deal about glass-top tables being cold; this is especially so in the winter season. It matters not how warm our room may be, the glass is cold. There is not this objection to wood, and I do not believe there is any reason in the world why we cannot clean a wooden-topped table. I believe that soap and water, well used with a scrub-brush, will kill all the little bugs.

Women, as a rule, object to an examination, but I believe we make a great mistake if we attempt to treat any rectal disease without first making both a visual and digital examination.

In making an examination of the anus and rectum we should endeavor to be as gentle as possible, for they are very sensitive. First, we should take a general survey of the external parts. We should notice if there be any swelling or redness, any irritation or inflammation, any eruption, any deformity, anything abnormal. We then, by gentle pressure upon the buttocks or around the anus, should ascertain if there be any tender or painful points. We should try and determine whether there is any increased heat. We can then separate or pull the hips apart; this will give us a partial view of the anus, sufficient to determine if there be any cracks, external hemorrhoids, excoriations, discharges, irritable ulcer, eczema, etc., etc. After having inspected the parts in this way we should oil the forefinger of the right hand. I find vaseline or borated lard good for this purpose. Oil does not answer the purpose very well. We now open the anus with the thumb and forefinger of the left hand, and gently and slowly insert the prepared finger of the right hand into the rectum through the anus. I use a boring process—that is, turn the finger half round and back again. The finger can be entered in this way without producing much pain. The first thing we determine is the grip of the external sphincter. If it grasps the finger tightly it indicates a fissure or irritable ulcer. If the sphincter be relaxed it indicates weakness or lack of contractile power. This relaxation may be produced by cancer, prolapsus of the rectum, or large protruding piles. If

our finger be sufficiently educated we can diagnose internal hemorrhoids. This, I know, is doubted, but I am satisfied that we can do it almost positively. We can feel ulceration, stricture, internal growths of all kinds. We can also locate the internal opening of a fistula, we can diagnose impacted feces; we can also ascertain the condition of the prostate gland. In women we can, by a digital examination of the rectum, decide the condition and position of the uterus, especially if retroverted, enlarged or prolapsed.

In regard to the use of the rectal speculum, I must say it is almost unnecessary for the purpose of diagnosis. The introduction of any rectal speculum that ever has been made is painful, much more so than the well-oiled finger, and, as a rule, they show very little of the rectum. If we use a speculum at all I believe the very best are two blades of Sim's speculum hinged on the side, with a handle attached at a right angle to the blades. In this handle is a screw to open the blades. The blades should be conical. With this speculum we can see one side of the rectum, and we can easily turn it in the rectum without removing it, and thus examine the entire rectum. There are a great many rectal speculums in the market, but none better than this simple one for the purpose of diagnosis. Among the great number of rectal speculums we may enumerate Mathews', Cook's, Gant's, and Pratt's. If we wish to use any of these we had better give our patient chloroform.

When we use an anesthetic for any purpose, either for diagnosis or treatment, I prefer chloroform. I never use anything else. A north light, if we can obtain it, is the best for any purpose. We can use electricity, but it is not as good as the light of the sun. A small hand may be passed into the rectum for the purpose of diagnosis. This I think is seldom ever necessary. I have never done it, and my hand is not large. I would hesitate sometime before attempting to do it. I would at any rate exhaust all other means first. I do not think it is a safe thing to do, and would not advise that it should be

done. The anus might be torn, the sphincter muscle broken asunder, the rectum ruptured, and other damage done.

I have seen one case in my practice of imperforate anus in a child. I operated, and I think the baby died somewhat sooner than it would have done had I not done so.

I saw a young lady who had no external anus. The rectum opened into the vagina. She also had three uteri. Dr. Byford operated in her case, removing the wombs and making an external anus. He closed the recto-vaginal fistula. She died the third day.

I have seen one case in a lady where the anus became closed from instrumental delivery of child. The operation in her case was successful.

I have seen two cases postmortem in children where the anus was closed, and at least two inches of the lower end of the rectum.

There are many other abnormal conditions of the anus and rectum. Operations for the relief of these conditions are not very flattering.

Dr. Ball, of Dublin, Ireland, reports the following:

Colon opened nineteen times for imperforate anus, fourteen deaths; anus punctured seventeen times, with fourteen deaths; coccyx resected eight times, with five deaths; perineal incision thirty-nine, with fourteen deaths; communication between rectum and vagina fourteen, one death. This report shows a death-rate of 50 per cent.

Dr. Cripp's reports are about the same as Dr. Ball's. I am inclined to think the results are a little better today.

In my next paper I shall take up prolapsus of the rectum.

503 West Chestnut Street.

Treatment of Cheyne-Stokes Breathing.

When due to chronic nephritis, Rabe recommends small doses of morphine at bedtime. When it is a symptom of atheroma, with weak heart, he advises a combination of morphine with digitalis.—*Denver Med. Times.*

SURGERY IN THE COUNTRY: HOW WE DO IT.

BY P. C. LAYNE, M.D.,
PROCTORVILLE, O.

In this day of the modern operating-room, with its seamless, vitreous floor, walls and ceiling; with its aseptic, sterilized glass cabinet for holding patient and operator, the latter, to be up to date, to be sans hair, sans beard, sans finger-nails, and, as one might judge from these premises, sans common sense, what has the country doctor to do but rouse himself, rub his eyes in bewilderment, and wonder where he is?

How different the picture of his operating-room! Ofttimes a little mud-bedaubed log hut of one room, with or without a window as chance may have it, a small door, a floor of rough punch-ions, a wide-mouthed, deep-throated fire-place, with a family of two to a dozen, and all their household goods, to occupy this meagre space; at the other end of the scale is the modern farmhouse, with its conveniences and intelligent occupants.

Your glass-cased, rubber-gloved operator would feel quite strange in these surroundings, I am sure, and somewhat apprehensive of any operation he might essay, but the country surgeon, bold from experience (his best teacher), does not hesitate to work under these conditions.

It is not the intention of the writer to assail the perfections of the modern operating-room, but to offer a plea that they may be carried to an extreme, at times even to an absurdity, and that very creditable surgery can be done outside of them, and that this point is too frequently disregarded by many operators, who insist that all cases shall be sent to a hospital.

To do creditable surgery in the country one must possess (1) a large stock of medical and surgical information; (2) be quick in adapting means to ends; and (3) know how to work without the aid of trained assistants.

The following description will convey some idea of how we prepare for an operation in a farm-house. For a table, a bed, lounge, cot, or, it may be, the

kitchen or dining-table must be utilized; whatever it be, it can be made smooth and soft by a folded blanket or quilt, and rendered fairly aseptic by covering all with a clean sheet, if such a luxury can be obtained.

One of two methods may be used for preparing instruments. If a pan free from grease can be secured, they can be boiled in a 1 per cent. soda solution for fifteen to twenty minutes, and left in the solution until ready for use; if a suitable vessel in which to boil the instruments is not at hand, chemical sterilization by means of a 5 per cent. solution of carbolic acid will have to be employed. It is best to employ only silk and silkworm-gut as ligatures and sutures, as they can be readily sterilized by means of a boiling 5 per cent. solution of phenic acid. Dressings can be rendered sterile by steaming in an ordinary stove steamer over a pot of boiling water for thirty to forty minutes; in the absence of a steamer all dressings should be sterilized by soaking in a 1:1000 solution of corrosive sublimate, and then wrung dry before being applied.

The field of operation and the hands of the operator are well scrubbed with soap and water (the latter often just from a muddy spring, well or creek, and unboiled), and then with a 1:1000 bichloride of mercury solution.

Besides the physician that administers the anesthetic (and unfortunately it is not always a physician that performs this important duty; for I have known it to be done by one of the by-standers in operations of such gravity as an amputation through the forearm), there will be often no trained assistants present, and aid will have to be asked from some one of the by-standers, usually numerous on these occasions, or it may be that one will have to go it alone, as the writer has had to do in one case of strangulated hernia, and in an amputation through the middle third of an arm. The operator's hands and the wound should be cleansed from time to time with a 1:2000 solution of corrosive sublimate, and after the wound has been sutured it should be cleansed again with the same solution, and then thoroughly dusted with pow-

dered boracic acid, and the usual antiseptic dressing applied.

It does not seem to be generally known that there is no better antiseptic powder than boracic acid for dressing wounds; it is non-irritant, non-toxic outside of the great cavities of the body, and quite inexpensive, three salient features that should commend it to every one.

Three cases selected from my notebook may better illustrate what I have failed to make plain in the text.

CASE I.

Amputation of both legs through upper thirds for gangrene following frost bite.

A. R., aged fifteen, mulatto, slept in a hay-loft during the bitter cold weather last winter and froze both lower extremities so badly that gangrene developed, extending as far up as the middle thirds of the legs. When I saw him, a week afterwards, the frozen members presented a swollen, sloughing, fetid, mass, the flesh dropping from the bones in places, and, to employ a vulgar expression, rotten. Septic absorption was well marked in the rapid, feeble pulse, high temperature, and great prostration. In consultation with Drs. Dabney and Brown, amputation was decided upon, although it offered little chance for recovery. The surroundings could not have been much worse: one small room badly crowded; everything contaminated from the sloughing, fetid limbs, and apparently no chance for a clean wound. The most important question that confronted us was how to get the limbs off without infecting the stumps. This is how we did it. A ten-cent can of chloride of lime was secured from an adjoining drug-store; of this a strong solution was made and towels wrung out of it were carefully wrapped about the members to within a short distance of the line of proposed section. The lime served a two-fold purpose: (a) to destroy infection; and (b) to render tolerable what otherwise would have been a gross insult to our olfactories.

The only mishap during the operation was hemorrhage from the friable,

infiltrated tissues, but this was finally controlled by hot water and firm compression. The remainder of the operation was carried out as directed above. The stumps healed by first intention, and the patient is well and living to-day, a fact strongly suggesting the truth of Paré's aphorism that "I dressed him and God cured him."

CASE II.

Amputation through the lower third of the arm for gunshot wound of the forearm and elbow-joint.

I was called six miles in the country to see John A., whom the messenger said had been shot that evening about dark. It was now near 10 P.M., the night was dark, and the road over which we had to travel was so rough and dangerous that we were obliged to go on horseback and proceed very cautiously. For the latter reason I only carried with me my hand-satchel, containing a small pocket surgical case, a pocket medical case, a small bottle of chloroform, silk, and a few other incidentals that go to make up the contents of a country doctor's traveling dispensary. It required about two hours' time to reach our patient, whom I found lying on a dirty, time-worn mattress, and covered with filthy rags, soiled sheets, clothing, and one thing or another that had been used to dress the wounded arm. Examination showed that the whole charge from a shot-gun had entered at the lower third of the forearm on the flexor aspect, and had ploughed its way upward through the inner and mesial surfaces, emerging on the antero-external aspect of the elbow-joint. The radius and ulna on their anterior surfaces were stripped clean of all coverings, the lower end of the humerus bare, and the brachial artery above its point of bifurcation hanging in shreds.

Amputation through the lower third of the arm was evidently the only way out of the trouble, and to do this it would be necessary to send six miles for another physician to administer the anesthetic; and, to add to the dilemma, there were no instruments present but those in my pocket-case, consisting of

two artery forceps, a useless metacarpal saw with an inch and a half blade, and a scalpel of about the same dimensions, silk and needles. A messenger was dispatched for another doctor, but before he could depart it was necessary to catch the "beast," an old plough-horse that had been up to that very moment quietly grazing across on the slope, but who had evidently smelled something in the wind, and not being an advocate of working over time, had hied himself to the top of the ridge, a half-mile distant, and lain down in a fence corner. After a long search he was captured and brought in, the boy hurried off after the doctor, and all put in readiness for the operation.

After about two hours' waiting "Doc." arrived. In the meantime I had fitted up an operating-room out of a rusty tin wash-pan and two or three bowls that had been found in the kitchen cupboard. As all was in readiness no time was lost in getting at the limb, and all went well until the bone was reached. I think that was the hardest bone I ever ran across; the little metacarpal saw must have thought the same, for it stood back, jumped up and down, and ricocheted and refused to take hold.

I began to wish that I had stayed at home with mother, but there was no way to get there now, so I put on a bold front and called for a meat-saw, a hand-saw, a cross-cut saw, or any kind of saw—my kingdom for a saw!—and presently one of the by-standers brought in a fruit-tree pruner, that, as many of you know, has a knife on one side and a saw on the other. It reminded me too much, however, of the days of Paré, and I fell back upon the little metacarpal saw, and finally succeeded in severing the bone. The remainder of the work was rapidly completed; the wound healed kindly, and my patient is still here to tell how it all happened on that eventful night.

CASE III.

Strangulated oblique inguinal hernia in a boy of five years; operation; recovery.

I was called by Dr. Massie, of Scott

Town, a village ten miles distant, to see Arthur H., aged five years. On arrival I found a strangulated inguinal hernia of eighteen hours' standing. Taxis, hot fomentations, etc., had failed to reduce it, so we proceeded to do a herniotomy. Everything was prepared as directed in the beginning of this article. Dr. Massie administered the chloroform, and, unassisted, I carried out the operation of incision, releasing the constricting band, ligation and removal of the sac, and the closing of the rings, without a mishap. The little fellow made a nice recovery, greatly to our astonishment.

These cases are not reported to herald the doings of any wonderful things, or to make a boastful display of skill, but simply to show under what adverse circumstances the country surgeon has to do his work, and that he is often rewarded by a successful result when, considering all our modern dogmas, the very opposite should be expected.

Incontinence of General Paralysis.

M. Athanassis (quoted in *New York Medical Journal*) recommends the following mixture: Tartrate of iron and potassium, 15 grains; tincture of nuxvomica, 15-20 drops; decoction of rhatany and of cinchona, each 1,500 grains. The mixture to be taken a soup- spoonful at a time in the course of forty-eight hours.—*Denver Medical Times*.

BIGAMISTS in Hungary are compelled to submit to a queer punishment. The man who has been foolish enough to marry two wives is obliged by law to live with both of them in the same house.—*Med. Age*.

AFTER surgical operations and severe hemorrhages, regeneration of the red corpuscles is a matter of great importance. The saline, watery and albuminoid elements are quickly restored by resorption, but without iron the blood is practically functionless. Armour's Extract of Red Bone Marrow is especially indicated because it increases hemoglobin and stimulates cell proliferation. It is a hemopoietic of the first class.

THE CINCINNATI
LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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CINCINNATI, FEBRUARY 10, 1900.

Editorial.

SANITARY LEGISLATION.

Dr. Hendley, of the Hamilton County delegation in the Legislature, keeps this journal well informed pertaining to legislation in which the medical profession is interested.

A recent bill introduced is one pertaining to the spread of contagious diseases through the use of barbers' tools, to which concurrence should be given. Although it is very unusual to come in contact with cases of disease contracted in barber-shops, it is essential that such places should be kept just as clean as possible. Purity and cleanliness stand for civilization and enlightenment, while dirt and filth are identified with barbarism.

* * *

A bill of very much greater importance is one entitled: "To establish a State hospital for the treatment of consumption and other tubercular diseases, and provide for the construction and maintenance thereof." The bill is so important that it is published in full, and is as follows:

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That there shall be established and constructed a State hospital for the treatment of persons suffering from consumption and other tubercular diseases, which shall be known and designated as the Ohio State Tuberculosis Hospital. The control and management of such hospital shall be in the hands of a board of five trustees who shall be appointed by the governor within thirty days after the passage of this act, with the advice and consent of the senate, according to the laws governing the appointment of trustees of other benevolent institutions of this State, and such trustees are authorized to select a site, purchase or acquire land, erect the necessary hospital and other buildings and furnish them ready for use and occupancy, in accordance with the laws governing trustees of benevolent institutions of this State.

SECTION 2. The board of trustees shall provide such administrative force and medical skill as in their opinion the best interests of the institution may require, and shall conduct the hospital in accordance with the laws in force regulating other benevolent institutions of this State, so far as the same may be applicable; provided, however, that the superintendent shall be a well-educated physician, a graduate of a reputable medical college, and with an experience of at least six years in the actual practice of his profession.

SECTION 3. The trustees of the Ohio State Tuberculosis Hospital are authorized to admit into the institution such persons suffering from tubercular disease, who have been residents of Ohio for at least one year, as they and the superintendent are satisfied can be benefited by treatment. If, at the expiration of three months' residence of any patient in the institution, it shall be found that the further stay of such patient will not result in permanent improvement in physical condition, the trustees may, on report of such fact by the superintendent, discharge such patient from the hospital.

SECTION 4. In addition to the physicians in attendance upon the patients in the hospital, the trustees shall be authorized to appoint examining physicians not to exceed fifteen in number. Such examining physicians shall be graduates of a reputable medical college, engaged in the active practice of their profession and have been so continuously for at least five years, and skilled in the diagnosis and treatment of pulmonary and other tubercular diseases. They shall be citizens of the State of Ohio and located at such points in the State, not more than one in any one county, as will best subserve the purposes of their office. The trustees shall fix the fees or compensation to be paid to such examining physicians and prescribe rules and instructions for their guidance.

SECTION 5. Every person desiring free treatment in such State tuberculosis hospital shall apply to the local authorities of his or her city, village, county or township having

charge of the relief of the poor, and present a certificate of some reputable physician stating that such applicant is suffering from tubercular disease in an incipient stage, or such as can probably be benefited by treatment. If the officer, or officers, having charge of the relief of the poor is satisfied that such applicant is a citizen of the State and of the city, village, county or township and is not able to pay the cost of his or her care and treatment, he shall issue a certificate stating such facts and with it a written request to the nearest examining physician appointed as provided in the preceding sections, asking the examination by him of the applicant. Upon such request the said examining physician shall examine the applicant and furnish a certificate stating whether such applicant is suffering from tubercular disease, and whether in his opinion the physical condition of the applicant is such as to justify admission to the institution. Upon receipt of such certificate of the examining physician, the superintendent may, if satisfied that the applicant is a subject for admission, receive such applicant into the institution.

SECTION 6. No person shall be admitted as a patient in the institution without the certificate of one of the examining physicians appointed as provided in Section 4 of this act, certifying that such applicant is in his opinion a proper case for admission under the rules and instructions adopted by the board of trustees. The certificate of the officer having charge of the relief of the poor as required for persons desiring free treatment shall be attached to the certificate of the examining physician and filed with the superintendent, and such person shall, if accepted, be transported to the institution, and if discharged, returned to his home at the expense of the State Tuberculosis Hospital, and the expense of his care and treatment in the hospital shall also be borne by the State.

SECTION 7. Applicants for admission who are able to pay for their care and treatment shall not be required to obtain a request from the officer having charge of the poor, but shall apply in person to one of the examining physicians, and upon obtaining his certificate that he or she is a proper case for admission, shall send such certificate, with a written request for admission, and proofs of citizenship to the superintendent of the hospital. Upon receipt of such certificate, the superintendent may admit the applicant, if satisfied that he or she is a proper subject for admission. In the selection of patients for this institution preference shall be given to indigent persons. The trustees shall fix the amount of the charges to be paid by patients who are able to pay for their care and treatment. The payment of such charges shall not confer any privileges upon those paying, and all inmates shall receive equal care and consideration.

All money so received shall be paid over to the steward, receipted for by him, and by him certified into the State treasury to the credit of the general revenue fund, and the steward shall make a correct record of all such moneys

received by him in a book which shall be open for public inspection.

SECTION 8.—For the purpose of purchasing land, erecting, constructing and furnishing the buildings authorized by this act, and to pay the necessary expenses of the board of trustees, and to supply any deficiency in the maintenance of the hospital during the first year after it is opened for the reception of patients, there shall be and there is hereby appropriated from any money in the State treasury to the credit of the general revenue fund, not otherwise appropriated, the sum of two hundred thousand dollars (\$200,000).

SECTION 9. This act shall take effect and be in force from and after its passage.

This measure is believed to be in advance of anything of the kind undertaken in other States, but is none the less justifiable on that account. Ohio is a great State, rich in resources, and should take the lead in all such work as that provided for in this bill.

Ohio makes generous provision in special hospitals for the insane, epileptics, feeble minded, deaf mutes, and the blind, which is all right and highly commendable. It is equally wise for the State to care for the poor consumptive and give him a fair, fighting chance for his life.

The writer holds that it is an axiom in therapeutics that tuberculosis is curable in proportion to the size of the tubercle deposit and the resisting power of the individual. This means that the size of the tubercle deposit is smallest in the initial stage of the disease, and also that at this period the resisting power of the individual is greater than at any future time.

The State is just as strong as the health of the people is shown to be. It is not in ratio of numbers that this is manifest so much as in the brawn and nerve of the people.

Tuberculosis has been likened to the great white plague, and with good reason, for it is charged with an annual death-rate of one-seventh of all the people who die in civilized countries,

so that a measure which holds out a fair promise of an amelioration or lessening of this rate is deserving of and worthy of a favorable consideration.

The municipal authorities of Cincinnati did a wise thing when they established a branch of the City Hospital for consumptives. The usefulness of this institution has been abundantly proven. Dr. Hendley is familiar with the results obtained there, and has shown his appreciation of its value by introducing this bill. So far as possible physicians throughout the State will do well to write to their Senators and Representatives and urge its favorable consideration and passage. This is a matter that should receive the immediate attention of every physician in Ohio. Every doctor in the State has on his visiting list more than one consumptive who would be personally benefited through the establishing of a State institution of this character. The writer appeals to his professional friends to come to the assistance of Dr. Hendley in securing the passage of this bill. This is one of the places and one of the times when a reputable physician can do incalculable good through a professional advocacy of a commendable measure. Hence, write to your Representatives in the Legislature. Delays are dangerous.

A DISTINGUISHED VISITOR.

Cincinnati physicians, at the regular meeting of the Academy of Medicine last Monday night, had the pleasure of listening to an address upon the "Diagnosis and Treatment of Common Fractures and Dislocations" by an acknowledged authority in these injuries, Dr. Lewis A. Stimson, of New York. Dr. Stimson said in his opening remarks that he had been invited some

time ago by the President to address the Academy, and had replied that it would be a great honor if he had the time and the ideas at his disposal, which he had not. He received an immediate reply, thanking him for his prompt and favorable response and naming the date.

Dr. Stimson devoted the most of his time to the consideration of obscure points in diagnosis of fracture, particularly when, for some reason, crepitus and preternatural mobility could not be obtained. He relied greatly upon the elicitation of agonizing pain when in the long bones pressure was exerted in the direction of their long axis. This he explained was due to the rubbing of the fractured ends one against the other; in fractures of the neck of the femur this sign was frequently absent, as the fractured ends, far from being brought together, were more often separated by this manœuvre. In dislocations he mentioned an easy method of reducing luxations of the elbow, especially those with the humerus extending anteriorly, merely to cut a hole in a stretcher large enough for the arm to project through and allow the latter to hang with a ten-pound weight attached. In a few minutes the bone will be restored to its original location.

On Tuesday Dr. Stimson continued his teachings by a demonstration of clinical cases in the amphitheatre of the Cincinnati Hospital, a large number of physicians and students attending. A fractured patella was wired, and the lecture concluded with a discussion of Pott's fracture.

Dr. Stimson was the guest of Dr. H. J. Whitacre while in the city, and was the recipient of as many social attentions as his limited stay permitted, notably a dinner Monday night and

luncheon Tuesday at the Avondale Club.

M. A. B.

EDITORIAL NOTES.

DR. BULKLEY will close his course of clinical lectures on diseases of the skin at the New York Skin and Cancer Hospital with three lectures on "Syphilis," on February 14, 21 and 28, at 4:15 o'clock. The lectures will, as far as possible, cover the entire subject, from infection to the latest manifestations of the disease, and will be freely illustrated by cases, models and plates. The lectures will be free to members of the medical profession on the presentation of their professional cards.

AMERICAN MEDICAL ASSOCIATION.

—The following announcement is made by the officers of the Section on Laryngology and Otology:

LEXINGTON, KY., Feb. 2, 1900.

We take pleasure in announcing to the members of the Section on Laryngology and Otology a most excellent programme for the meeting in Atlantic City, June next. The list of papers to be presented is now complete, and the programme is full. Those who are to read papers are urged to send their abstracts by May 1, so as to give the committee ample time to suitably arrange the topics for publication.

C. R. HOLMES, Chairman,
J. A. STUCKY, Secretary.

ACADEMY OF MEDICINE.—Monday evening, February 12: "The Surgical Use of Suprarenal Extract," by Dr. J. W. Murphy; "Pelvic Tumors as a Cause of Sciatica," by Dr. Elliott B. Palmer.

The Indiana Board of Medical Registration and Examination has resolved that no applicant for license to practice in that State shall be granted a permit "on terms more lenient than the rules of the State from which he comes."

Correspondence.

CINCINNATI UNIVERSITY.

CINCINNATI, Feb. 3, 1900.

Editor LANCET-CLINIC:

I cannot refrain from supplementing my article in the January 27 issue of the LANCET-CLINIC. In that I simply referred to the long inactivity of the directory in correcting certain assumed evils. Public indignation and censure have been aroused by the manner in which the reform was inaugurated. There are few who are in doubt as to the advisability of making certain changes in the teaching force of the University, and a still less number in sympathy with the methods adopted to further such changes. So far as my observation goes, public sentiment has been incensed by the wholesale slaughter of the faculty, leaving them practically without redress. It is questionable whether the laws governing the University grant such unlimited power to its head.

Of course, every one deprecates the present condition of the U. C. Much of the trouble could or might have been avoided. I venture the opinion that this whole matter could have been amicably adjusted and settled by pursuing a less heroic method. If the directory, its president and faculty had acted conjointly; gone over the field dispassionately; presented all the facts in a clear, concise manner; urged the importance of certain changes in the teaching force, the discordant elements would have surrendered quietly, stepped down and out without all this disturbance and commotion. But for a comparative stranger to step in and assume the rôle of a supreme *autocrat*, demanding resignations shorn of explanation or hearing, strikes the average mind as being unjust and contrary to all laws of ethics. I am not quite sure the blame rests wholly with the president. I have been credibly informed that when he assumed the duties of office it was with the full understanding that such action was desired. In other words, he was given *carte blanche*. The directory may have been honest in

their convictions that this was the proper course to pursue; future developments have demonstrated that they reckoned without their host. It is to be hoped that a fair and impartial course may be pursued in the adjustment of the vexed question. Certainly the citizens have only the good of the University at heart, and a fair, impartial treatment of its faculty. No one wishes to deal unjustly with the men who have been identified with its work for so many years. I am a strong believer in the old familiar saying that "right is might and will prevail,"

WM. H. DEWITT.

INSTRUMENT TO CONTROL EPISTAXIS.

CINCINNATI, Feb. 6, 1900.

Editor LANCET-CLINIC:

In the issue of your journal of January 27, 1900, there is given in the Academy of Medicine proceedings, by Dr. Holmes, a description and exhibition of a foreign instrument to control epistaxis. I would beg to call his attention, and that of all your readers, to the fact that Dr. Charles Kearns, of Covington, Ky., twelve years ago or more commenced to put in practice virtually the same, but much more simple plan, by inserting into the bleeding nares with a hard rubber catheter a condom (first anointing with vaseline) and then inflating same, by blowing through, or attaching the bulb part of an ordinary hand atomizer to the catheter. When full the protruding end is tied with thread, preventing any of the air to escape, and the catheter removed. After bleeding has ceased you puncture the condom with a needle, and take out without injuring the mucous membrane, as there is danger of doing, and starting the flow afresh, if tampons of cotton wet with some of the ferrous solutions have been used. The price alone commends the condom over any expensive instrument, as they can be found in any well-regulated drug-store at any time, and a few can be carried in your pocket-book, ready for emergency.

I deem this statement due not only to Dr. Kearns, with whom the idea originated, but, too, to the fact that a member of the Academy should be given the credit for that which some foreigner has now brought out, as well as to an item of interest, that we do not have to go abroad to get new ideas, while many of the bright men now living reside in our midst.

Very truly yours,

WILLIAM JUDKINS, M.D.

Tracheotomy for Croup.

Dr. Chas. A. Ellis (*Buffalo Medical Journal*) reports the case of a boy of twelve years, upon whom tracheotomy was done in an emergency without the usual instruments. A thermometer case was improvised as a tracheotomy tube. A piece of membrane measuring two inches in length was removed three days after the operation. An injection of antitoxin was administered. The boy made good recovery.—*Archives of Pediatrics*.

Irritability of the Bladder.

The irritable bladder of nervous or hysterical women is well treated, according to Wells, by 1-800 grain atropine in water before each meal, or by a dessertspoonful every four hours of 1 part sweet spirit of niter and 3 parts liquor of potassium citrate.—*Denver Med. Times*.

MAKE A NOTE OF THIS.—It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants. "The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma and, ultimately, dilatation of the right heart."

Dr. Milner Fothergill, of London, insisted that cough of this character is due to lack of tone, not only in the general system but in the blood-vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Comp. has gained a most enviable reputation.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

The Most Important Point to be Considered in the Treatment of Appendicitis.

In all of my experience in observing and treating appendicitis, one point has impressed itself upon me more strongly and more constantly than all others, because whatever views one may have regarding the treatment of appendicitis, this point, if borne in mind, will do more toward saving the lives of these patients than any other.

I refer to the natural elimination of the appendix. Its peculiar anatomical location makes it possible for the omentum and the small intestines to apply themselves around the appendix in such a manner as to practically isolate it from the general peritoneal cavity, in case it becomes inflamed. Whoever has frequently operated on patients soon after the beginning of an attack of appendicitis, knows that this organ, when inflamed, is immediately surrounded by the omentum, and beyond this is a perfect embankment of small intestines. I have demonstrated this condition in several hundred cases, so I know this to be a fact, and not a theory. I wish to say at this point that whatever I have to say in this direction is not for the purpose of condemning or discrediting the surgical treatment of this disease, but for the purpose of reducing the mortality.

Taking a case of appendicitis in which the appendix has been surrounded in the manner described above, what may we expect in case this condition remains undisturbed? If the patient suffers from a catarrhal appendicitis, this condition will subside in a comparatively short time and the patient will recover. On the other hand, let us suppose that the patient is suffering from perforative or gangrenous appendicitis. Then the affected portion will again be surrounded and eliminated in the same manner, and we will have a comparatively harmless circumscribed

abscess. We have, however, taken for granted that the conditions which I have described above have remained unchanged. In case the small intestines are drawn away from the omentum and the omentum from the infected area, we have at once a much more serious condition, because the infectious material is likely to be distributed in the peritoneal cavity, and the patient is in danger of suffering from diffuse peritonitis, which is very likely to prove fatal.

It is not difficult to determine the cause of this change in the conditions. We know that as soon as milk, or any other food which is not absorbed entirely from the stomach, is placed in this organ, peristaltic motion of the small intestines commences at once, and this disturbs the conditions of safety which have been described. Moreover, the intestines will at once become distended with gas, which is forced through the ileocecal valve and this further disturbs the favorable conditions which had previously existed. When we treat inflamed tissues in any other portion of the body, we first secure as perfect rest as possible for the part; why should we then disturb an inflamed appendix unnecessarily? We can obtain this condition of rest by prohibiting the patient from taking the slightest quantity of any kind of food by mouth. I am very certain that a very small amount of food given by mouth frequently starts up peristalsis, which changes an innocent circumscribed abscess into a fatal general peritonitis. In other words, it often takes but a very small amount of food given by mouth to kill an appendicitis patient.

These patients can be nourished by rectal feeding. Any one of a number of the concentrated foods in the market, dissolved in from three to four ounces of normal salt solution and administered by enema through a rectal tube, once every three to six hours, will support the patient for several weeks, if necessary. It is well to give an enema of a pint to a quart of normal salt solution morning and evening, according to the patient's capacity, never giving

enough to cause pain. If the patient can take water, preferably hot, in small often-repeated quantities, by mouth, without being disturbed by pain or nausea, this may be given; otherwise, nothing at all is given by mouth.

In case the patient vomits, gastric lavage should be employed, and if no further food is given the vomiting will invariably stop after one or two irrigations.

This method of treatment disposes of the two causes of pain, viz., pressure from gas, and friction upon inflamed intestinal surfaces, due to peristalsis. I have used this method in a large number of cases since 1892. I have operated upon many of these cases later on and have found a gangrenous or perforated appendix in a circumscribed abscess.

Many of my friends have used this method and have reduced their death-rate enormously.

Many cases which are practically in a hopeless condition, either for operation or for treatment by the usual palliative measures, which permit the patient to take liquid diet of some kind, will recover if treated by this method.

The question of differential diagnosis has been so frequently mentioned in appendicitis discussions that it may be well to say a word in this direction.

We will suppose a case in which it is doubtful whether the patient is suffering from a severe attack of gastritis, enteritis, or peritonitis due to infection through the Fallopian tube, or a threatened perforation of a gastric or an intestinal ulcer, or an appendicitis. Could there be any more appropriate form of treatment than that described above? It is consequently plain, that in any case, no matter what form of treatment one may favor, no harm can come to the patient from utilizing the plan just pointed out, while in cases in which, for some reason, an early operation cannot be performed, or in cases seen too late for an early operation, a very dangerous, acute condition can be safely changed into a very harmless chronic condition, which can be permanently relieved by a perfectly safe operation in the interval.

There are two conditions under which this treatment is liable to fail:

1. In very emaciated patients the omentum may be too small to cover the appendix and can, consequently, not offer the proper protection. In such cases I believe an operation should invariably be performed at once, when the diagnosis has been made, but it is very seldom that emaciated patients suffer from appendicitis.

2. In patients whose attacks commence directly after taking an unusually large and especially indigestible meal, the food in the stomach or the intestines may continue to keep up the peristalsis, and give rise to the formation of gas which will disturb the inflamed tissues in passing through the ileocecal valve.

In these cases the stomach should be thoroughly irrigated at once to remove the food which still remains, and if there is any regurgitation from the small intestines this should also be removed by gastric lavage.

My experience has taught me that it is best to continue the exclusive rectal feeding for at least four days after the patient is apparently well, and never to give a cathartic of any kind unless I see them within a few hours after the beginning of the attack, in which case I usually give two ounces of castor oil in beer or malt.

After the first day the cathartic may give rise to the same disturbance as feeding by mouth, and it may be followed by the same deplorable results.—A. J. OCHSNER, M.D., in *Hot Springs Med. Journal*.

Stricture of the Pylorus.

Prof. Chénieux has published an interesting case of stricture of the pylorus, cured by operation. The case was that of a young woman suffering from grave disturbance of the gastric functions. Appetite was lost, but no matter what she ate the stomach permitted considerable distension and afterwards emptied itself by vomiting. Food did not pass through the pylorus; milk, although more tolerated, was not completely digested. The patient consequently became emaciated and lost strength

rapidly. Her medical attendant sent her to Vichy, but with little benefit, and finally concluded that the case was one of stricture of the pylorus, and advised an operation.

The woman was operated upon by Prof. Chénieux, who, after laying bare the stomach made an incision perpendicular to the ring of the pylorus of an inch-and-a-half long. He drew together the two extremities of the incision, which became thus transversal and parallel to the pyloric ring and then sutured with fine silk. No liquid flowed into the abdomen, which was closed without drainage.

The result was most satisfactory. The patient one month after the operation was able to well digest her food, while her strength and embonpoint returned with surprising rapidity.—*Paris Cor. Med. Press and Circular.*

The Diagnosis of Typhoid.

Dr. Osler, in a recent issue of the *N. Y. Med. Journal*, discusses the diagnosis of typhoid.

He calls attention to the variations in the intensity of the infection from the very mild cases, lasting from five to ten days, to those of acute typhoid septicemia.

The diagnosis between typhoid and malaria should not be difficult, but physicians living in malarial districts are very prone to call even a continued fever malaria. He says that two clinical rules should guide practitioners above Mason and Dixon's line.

1. an intermittent fever that resists quinine is not of malarial origin.
2. A continued fever in these localities is not due to malarial infection.

In conclusion he says that we must learn to suspect typhoid fever, and not malarial, in every case of fever of six or seven days' duration, particularly if it resists the action of quinine. For too long we have employed the Anglo-Saxon method of procedure, and in a given case have assumed innocence of anything so serious as typhoid until in the onset of some serious symptom the guilt was only too evident! It is high time, now, that we adopt the Gallic

usage, and regard every case of continued fever as guilty—that is, as a typhoid—until the contrary be clearly demonstrated.—*Med. Summary.*

Surgical Treatment of Dilated Stomach.

Mr. L. A. Bidwell, at the West London Medico-Chirurgical Society, concludes a paper on surgical treatment of dilated stomach thus:

The principal causes of dilated stomach were: (1) Cicatricial contraction of the pylorus, (2) malignant disease, (3) adhesions outside the pylorus, (4) gastroptosis, (5) spasm of pylorus, (6) floating kidney on the right side, (7) atony. Only the first three of these various conditions were discussed at length by the author.

With regard to diagnosis, the following principal methods of examining the stomach were advocated: (1) inspection, (2) palpation, (3) percussion, (4) auscultation, (5) intubation, (6) artificial distension of the stomach with gas, (7) chemical examination of the stomach contents.

The indications for operation on the dilated stomach were: (1) pain usually localized to the pyloric region and felt in the back, (2) signs of dilatation of the stomach, (3) vomiting of solid food, (4) absence of free hydrochloric acid from the vomit, (5) some emaciation, (6) obstinate constipation.

The surgical procedures which were undertaken for the relief of dilated stomach were, in malignant disease: (1) pylorotomy, (2) gastroenterostomy. In non-malignant stenosis: (1) pyloroplasty, (2) gastroenterostomy, (3) Loretta's operation, (4) pylorotomy, (5) division of adhesions. And in neurotic cases: (1) lavage, (2) massage, (3) gastropexy, (4) an operation for diminishing the capacity of the stomach by folding in a portion of the redundant wall.

The paper was illustrated by sixteen cases operated on by the author, and arranged in tabular form. Eleven were cases of malignant disease; five of these died within a fortnight, the remainder living some months. There were five

cases of non-malignant stricture which were all cured by operation. Of the malignant cases seven were gastro-enterostomies with three deaths, three were pylorotomies with one death, one was a case of pyloroplasty and proved fatal.—*Med. Press and Circular.*

On Cutting for Urethral Stricture.

It is not always very easy to decide between the comparative merits, in any particular case, of urethrotomy as compared with dilatation. Some surgeons have a rather marked preference for one of these measures over the other. In many cases it is left to the patient to decide which procedure he prefers to undergo. If urethrotomy is decided on, it is very necessary that the patient should be made to understand that the operation alone will not cure him, but that some passing of sounds will be necessary for a more or less extended period of time. If strictures are situated beyond the pendulous portion of the urethra, and are not very tight, we believe that dilatation is commonly indicated, because drainage beyond the pendulous portion, which extends about four and a half inches, is far more imperfect, since it takes place in the direction of the bladder. In such cases, if we decide upon cutting, a perineal button-hole for drainage is usually advisable. Strictures in the pendulous portion are more easily cut, drain better, and therefore are often better treated by incision. Urethrotomy is often advised in patients who are too poor, too busy, or too careless to have dilatation properly performed, but in such cases the cutting operation often fails to give perfect results, because the incision alone does not suffice to obtain a perfect cure. The operation is indicated in these cases, however, and the patients should be warned of the necessity for after-treatment. There is no doubt that deep-seated strictures, beyond the pendulous part, are more elastic, as a rule, than those situated nearer the meatus, and afford the best results with dilatation. In such cases, especially if the patient is persevering enough, and intelligent and clean enough to be

trusted to pass instruments upon himself, dilatation will often give the best results.—*International Journal of Surgery.*

Sensation in Transplanted Skin-Flaps.

Stransky (*Wien. Clin. Woch.*, Nos. 32 and 33, 1899) draws the following conclusions from his investigations on this subject:

1. The sensation of pain is to be separated from tactile sensation and from the sensation of temperature.
2. Sensation in transplanted skin-flaps begins at the margin, the tactile being first distinguishable, and the sensation for pain and temperature developing later.
3. With large skin-flaps certain areas may remain permanently or for a long time more or less anesthetic, which fact probably depends on a varying nutrition of different parts of the graft during the process of healing.
4. The specific mechanism of sensation is probably transferred ready-made with the flap, and the nerve-end organs (Meissner's and Merkel's tactile bodies) in the graft join the nerves which penetrate into it from the underlying tissue, and continue their former function. This applies more especially to tactile sensation, which nearly always corresponds to the conditions obtaining in the part from which the flap was taken, and not at all to those obtaining in the part to which it is transferred. This rule could not be distinguished clearly in the case of the sensation of pain.—*Med. Age.*

The Significance of Chilblains.

The rounded purple, dusky little swellings that come upon hands and toes in winter are familiar to most inhabitants of cold climates under the name of chilblains. Less often they attack the ears, nose, or cheeks, but wherever situated they give rise to a most troublesome burning and itching sensation. The general rule is that they appear in parts of the body remote from the heart, and are most frequent in the young and old. They

are prone to occur in persons who suffer habitually from cold hands and feet, that is to say, in those who have a weak or, what Hutchinson calls, a "chilblain circulation." Anemia is another predisposing condition. The essential nature of this interesting complaint is that it is a damage to the skin, resulting from cold—in short, a mild frostbite. In some cases it approaches the latter state more nearly by the formation of blisters, when the chilblain is popularly described as being "broken." There is no complaint in which more infallible remedies are prescribed by "hobnail" tradition. A favorite plan is to whip the affected parts with a bunch of stinging nettles, a homely but most efficient form of counter-irritation. A Swedish method is for the sufferer to run several times barefooted round a field covered with snow. Perhaps one of the best ways of prevention in persons of sluggish temperament is to take active exercise and to wear warm woollen gloves and socks. The latter hint may be of use to those who are sending out comforts to our soldiers at the Cape, where the severe weather is sure to call forth a plentiful crop of chilblains, and add, not a little, to the discomfort of the brave men who are fighting our battles in the open.—*Med. Press and Circular*.

Operative Shock and Stimulants.

We all have excellent ideas in regard to the employment of the various stimulating agents in the presence of shock following operative or accidental injuries, and we are all pretty well agreed as to which of them constitute the most effective ones. Theoretically we know all about it; we are aware of the value of heat to the limbs and the precordial region, we fully realize the excellent influence of saline infusion and transfusion, and we are thoroughly acquainted with the best drugs that may be used for stimulating purposes. Notwithstanding all this knowledge, it may be admitted that in practice we are rather apt to err. The deplorable fact that in hospitals the most recent accession to the house-staff is commonly the

anesthetist, and that in private practice we often have to rely upon the nearest friend or acquaintance, often produces a state of things during which the anesthetizer is apt to use his hypodermic syringe with more vigor than judgment. Now, too much stimulation is distinctly harmful, if only in predisposing the patient to further and more abundant hemorrhage. Then we are also compelled to regret the fact that, while we know what to do, we often find ourselves lacking in the necessary appliances. It is very idle work to be rushing about for things that should have been made ready beforehand. Every serious operation should be properly prepared for, and the preparations are incomplete if we have not at hand plenty of hot saline solution and the apparatus needed for its administration, means of applying heat to the body, medicinal stimulants, and so forth.—*International Journal of Surgery*.

The Study of Botany.

Healthy intellectual life is hardly compatible with too exclusive concentration of the mind upon any one pursuit, especially if that pursuit be at the same time the professional avocation of the individual. Every intellectually active man requires a hobby of some kind, which serves the double purpose of enlarging the scope of his ideas and of providing him with a never-failing source of distraction and amusement. For persons whose life runs its more or less even tenor in the country what more interesting pursuit can there be than botany? Foremost among the natural sciences it helps to develop the mind, and opens it to the beauties that surround one on every hand.

It is greatly to be regretted that this charming science does not attract more favorable attention than is the case, and the fault is doubtless to some extent to be found in the neglect shown in the elementary schools towards a subject which, even if cursorily taught, is replete with interest and instruction. From a medical point of view, much as the medical practitioner would profit

by a fairly complete knowledge of this branch of observation, the curriculum is already too heavily laden for it to be possible to include it among the studies imposed upon the medical student. But the subject might well be accorded a prominent place among the subjects of preliminary education; indeed, in view of its bearing on *materia medica* it might even be made compulsory. We commend this suggestion, which emanates from a correspondent who signs himself "An Admirer of White of Selborne," to the Education Committee of the Medical Council, as the preliminary examinations are just now under consideration.—*Med. Press and Circular*.

The True Age of Man.

A proverb there is with the popular seal
(You hear it in various places),
That a man is as old as he happens to feel,
A woman as old as her face is.
But Science, advancing with seven league boots,
Arousing the vulgar from coma,
The truth of the proverb most boldly disputes
If one's arteries show atheroma.

For we need to be told
(So pathologists hold)
That a man is as old
As his arteries.

Robert Burns of the West, who first followed
the plough,
And later the trade of a poet,
In a popular song has been known to avow
(Now most of the multitude know it)
That although in the case of a blue-blooded duke,
The coat may be spicker and spanner,
For all that the coin in his pockets a fluke
And a man's still a man, in a manner.

But Rob ne'er was told
What pathologists hold,
That a man is as old
As his arteries.

So Shakespeare (or Bacon?) is totally wrong
In talking of Man's Seven Ages,
And Burns is at sea in his topical song
On the fellow who sweats for his wages.
For when a poor beggar is nearing his end,
And with Death and the Devil he wrestles,
His looks or his feelings no succor can lend,
But only the state of his vessels.

So now you are told
What pathologists hold,
That a man is as old
As his arteries.

—EASTON WESTON, in *Edinburgh Dispatch*.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Fleas, Flies, Bugs, Lice, What is Their Use?—Lice a Blessed Boon and Fleas a Gift of Divine Providence—Insect Therapeutics—Alcoholism in the Army—Sacred Embryology—Impotency—Castration.

At the present time, when all manner of insect life is accused of the transmission of disease, it is well to know what opinions our ancestors professed in regard to this question.

On this point Loys Guyon, Seigneur of Marche, printed a book at Lyons, through his publisher, Claude Morillon, in 1610, that was justly entitled "The Different Lessons of Loys Guyon," for there were but few questions he did not discuss.

Loys Guyon, above all, wished to justify Almighty God for having created insects deemed detestable, and gives curious details as to the customs of his period as well as upon old-time therapeutics. "Instead of blaming God for the creation of body lice," he states, "they are animals slow to provocation and can easily be gotten away with, for it is only necessary to anoint oneself with scorpion's oil in the axillæ or groins to be delivered of these vermin." Besides, he adds: "I think if you have felt them it only proves you have not kept yourself clean, or they would not have appeared in their usual location, and that the principal cause of them arises from the lackeys and pages who brush off your clothing. Gentlemen in Court service who take pleasure in being filthy and usually have sundry low vices, that are commonly practiced at the Court of the present King—it is such men who should be fumigated in order to exterminate such disagreeable animals."

Yet lice are useful, as witness the following anecdote related by Loys Guyon (we make a most liberal English version of the Romanesque text).

"The same as the admiral providence of God permits such animals to bite,

gnaw and molest us, to the end that mankind may not ignore their existence and deem themselves better than God; the King himself, it was demonstrated one day at the Chateau Ambroise, being surrounded by many grand personages, many of them strangers in his realm, felt a louse bite his neck, and commanded that the offender be removed from his royal person, saying, 'this little insect has taught me that I am like any other man, and therefore it must not be despised.' He said, moreover, that while he could endure the sharp biting, he feared the pain, although he had the power to kill the louse, and that all men were thus created. Such words from the mouth of a great monarch are worthy of being noted.

"An old ambassador continued the subject, saying he had known certain very devout and religious personages who carried these insects to bed with them, pious monks and nuns who desired not to sleep but to be kept awake, so that they might pray to God and contemplate other divine things, as well as examine their conscience at leisure; also that many holy personages profited largely from the little lice that the ordinary world so much despised."

Loys Guyon also mentions their use as remedies. "As for fleas, all know that put in white wine they make it a gloriox golden yellow, that which Carixenes and Æsculapius, both very ancient doctors, have mentioned. Olden-time doctors also mention their expulsive virtues, owing to the scratchings they induce. Without this remedy the Duke of Brunswick, it was thought, would never have been able to indulge expulsive efforts, for all other remedies failed to move him like body lice."

The justification of body lice and fleas is a long one to make.

"They enjoy the privilege of jumping and running about and sucking the bad blood from ladies and gentlemen even of quality, although the latter be not really uncleanly or even slovenly kept. Many men have often wished themselves to have been lice or fleas, so that they could reach certain forbidden places on the bodies of their mistresses.

It is true that the Duke of Terrara wished he were a flea, so that he might attach himself more closely to the beautiful white skin of Madam Renel, a Princess of France, once so well beloved by the aforesaid Duke. In his poetic verses he recognizes the fact that the flea possesses great agility, and can hop from place to place, and can alight on spots that, being covered by drapery, a flea cannot cover; but unfortunate man cannot do what the festive flea does, yet man does take the flea and attach delicate chains to it and trains it even, so that it can be placed to bite anyone on whose august person it may be located. The grand dames of the Courts of France and Spain all knew this, and fed the fleas on their own sweet selves, receiving the visits of the little insects with great joy and contentment, happy only to nourish them."

Besides, it was as easy to kill them as to make them fly. "It is only necessary to put certain leaves in bed covers or cushions, such as the plant *parterium*, or other common plants, to drive the insects out of the house, or even a young, thick-wooled sheep traversing the bed chamber will attract all the fleas, that will fly to its wool," etc.

Moreover, these elegant fleas were a good remedy for "a disease called by doctors subeth, or lethargy," that was very dangerous and acute, and such fleas prevented the victims of this affection from falling into their death-like sleep. Lice placed in the human ears were useful; "this I have seen practiced in the case of my lord the Count of Shrewsbury, of England, with most happy results."

As for the lice in particular, Loys Guyon is more severe. "I do not think there is a patient man, unless he be a real monk, that can stand the pain inflicted by these insects on the human body when they endeavor to suck out blood; besides, if we crush them they exhale a most abominable and stinking odor, that it is well to escape," etc.

The justification of such insects is less than their therapeutic virtues; it was notorious how efficacious such things were in suffocation of the womb and difficulty in urination. Some de-

scriptions of Guyon's are particularly unique. We indite one for the edification of the LANCET-CLINIC readers: "Fleas serve well in the suffocation of woman's womb; if they be placed dried in the woman's nose, that brings great relief. This I have practiced on the Marquise of Coria, in Spain, to the great astonishment of all her assistants, for among all other smelling things, such as extinguished tallow candles, oil lamps and burnt feathers, there is nothing quite so stinking and affords such relief as burnt fleas. Seven fleas, by actual count, smoked in a fire before a woman's attack comes on, give great relief, not only in such cases, but in quartan fevers as well. Put in wine or vinegar, they cause leeches, when attached to the body, to drop off. Syringed through the penis, such medium leads to immediate urination—in fact, relieves all difficulty in the act."

But why prolong the remarks of the good Loys Guyon on the benefits of fleas and body lice? He concludes: "If it please God in his providence that he has given you that which you might have wished for your preservation, and yet that it be inconvenient to have, if it preserve you for the evils of the world you need not fear it so much, and it would be better to praise these insects rather than blaspheme and despise them."

* * *

But enough of fleas. Let us now turn to not quite such a lively subject.

There is much discussion at the present time of army organization; it attracts the thoughts of writers, especially as regards the subject of alcoholism among troops. Some consider the army as a school of vice; others, to the contrary, affirm that the highest virtues are cultivated in the army and navy. Young soldiers, notwithstanding, are not Levites in a seminary. All the world agrees that barracks and military posts are centres of alcoholism of the most dangerous kind. Look at your own Manila, where every other sign of American civilization is a German-American beer brewer's, or the unscrupulous dealer, foreign for the most part, of alleged pure bourbon American

whiskies. The watch kept over the average army canteen the world over is illusionary—so illusionary in fact that in reality it does not exist. Whisky and brandy are always *kept* under cover.

We are not believers in the temperance axiom, "Beware of the small glass, it kills the body and soul!" We do not believe that all drinkers of alcohol, in its various forms, are drunkards. It is the smaller number who overdrink these spirits. We have always believed that a little good whisky or brandy, on suitable occasions, is admissible in the army and navy. Unusual fatigues, dangerous exposures, warrant its use at times. The greatest nations are those that the spirit drinker dwells in. Officers are the men who should set the habit of temperance. A water drinker, a man known as such, will set a better example to his regiment or company than one who is known to be a boozier. Example is more than a whole volume of temperance lectures. Only a government can control the canteen. Sensible, sober officers in charge of men do more for their followers than generals at headquarters who are known to keep a full canteen. As we said before, there are times and places when alcohol is a greater adjuvant than gunpowder in winning victories. Dewey's gunners, stripped to the waist, with tin cups full of whisky every twenty minutes, did more to defeat Spain than anything else. War is too often the inspiration of alcoholism. Whether on the part of the statesman or soldier, it is very, very melancholy—a sad reflection on what we are pleased to term our modern civilization. Some day the workingman will cease to be the food of gunpowder on the altar of patriotism. Foreign debts, made by alien bankers, should not cause bloodshed at the expense of the masses, but the world is living and learning; in time the sword will be forgotten, and it will be only the plowshare.

* * *

In his treatise on "Embryology sacrée," a classical work to-day in all true Catholic seminaries, Father Cangiamila has discussed and solved the

majority of the ecclesiastical questions that have troubled the souls of the one true church, when it is called upon to advise beautiful sinners—let us coin a new word, *sinneresses*—on very delicate points.

We know that the church forbids in an absolute manner all connections or approaches that have not for their purpose the reproduction of the human race. Young and really chaste young married peoples are most often ignorant as to what *incomplete connection* is, and it is the church confessor who must clear up this doubt.

This is a difficult task, and a thinking physician must pity the priest, especially the younger ones. One should consult the late technical work published by Claret, Archbishop of Cuba, in collaboration with Fathur Richard, of the Society of Jesus (Jesuit). In this precious document, entitled "La clef d'or destinée à ouvrir le cœur des pauvres pêcheurs," or "The golden key destined to open the hearts of poor sinners," we have the manual for young confessors.

After explaining that the *seed* must be projected *intra vas* and not spread *extra vas*, these authors, rightly, insist that every *incomplete sexual connection is masturbation*. We are fully aware that a very mild Protestantism proscribes such questions (we were raised Scotch Presbyterian and claim our right by Scotch descent to be plain spoken), yet Protestantism is away behind Catholicism as regards plain moral teaching.

Here is how the abominable theory of conjugal onanism is described:

"Alquoties hoc fit inscio marito; mulier erim a diabolo instigata suas nefarias artes adhibet et prolis procreationem impediendam. Aut enim se ipsam aliquantulum retrahit ne seminatio penetret in matricem; aut panum, vel digitos immitit ad abstrahendum seminationem post coitum, vel ad mirigendum surgat, aquam bibet, etc."

The fathers of the church wisely add that such precautions are useless, for "when nature is disposed to conception the woman is like powder; the smallest spark can carry her away."

Questions relative to impotency and masturbation are likewise most wisely treated of in this work. With an indisputable competence, we shall examine these questions in a later translation; they are, in fact, not only interesting to clergymen, but also to lawyers, as well as doctors. Impotency is not recognized by the civil code as a cause for divorce, but it is recognized by the church as a cause for the nullity of a marriage. A physician is thus liable to be called in before an ecclesiastical tribunal and the support of his authority demanded when a young woman declares her husband impotent. Protestantism does not protect the women of the church as Catholicism ever does.

But there is a chapter that Father Cangiamila has not yet touched on in his admirable work; it is that relating to female castration. We know that in the progress of operative gynecology thousands of women have been castrated, many most wrongfully so. These women are no longer capable of conception. Can they contract marriage? This question has been already raised in the sacred office at Rome; if we are well informed, it has been settled in the affirmative. The Roman idea establishes the fact on consideration of an altogether evangelical order. They consider the condition of the woman operated on as a simple sterility, comparable to that of an aged woman. Now a man who marries such a castrated woman should know beforehand that he is marrying a woman the same as aged, sexually considered. Now the church has ever permitted old persons to marry, because, as the canons prudently state, "No person can ever be so old that may not have perchance a spark of natural or artificial heat."

* * *

Thus do the canons of the church familiarize us with the fire of our passions.

But let us repeat it, this latter question is still *pendante*. We know full well, whatever may be the conclusion, the church will act wisely, as it ever has done in such matters.

Book Reviews.

The Treatment of Diseases of the Nervous System. A Manual for Practitioners. By JOSEPH COLLINS, M.D., Professor of Nervous and Mental Diseases in the New York Post-Graduate Medical School; Visiting Physician to the New York City Hospital. Illustrated by twenty-three engravings. New York: William Wood & Company, 1900. Octavo, cloth, pp. 602. Price, \$5.00.

Dr. Collins' recognized ability as a neurologist and teacher, coupled with his well-known literary attainments, render the appearance of another volume from his versatile pen an event of importance to the medical world. The scope and practical character of that volume are well calculated to create a wide-spread demand.

The mere fact of the appearance of a volume of six hundred pages on neurotherapy alone is a striking evidence of the rapid development of neurological medicine, which a few years since occupied a chapter or section in the average text-book on "Practice."

As the author truly remarks in the preface, the practitioner seeks "instruction in the art as well as the science of therapeutics." This is especially true of neurology, where the means to be employed, both in diagnosis and therapy, often involve a technique of a high order.

The book seems well adapted to fill a gap in existing literature in this direction. The author deserves credit, however, for having made more than a book on therapy; a brief but practical outline of causation, pathology and anatomy, thoroughly up to date, is given in many instances, and will be found exceedingly useful to the practitioner whose text-books are even a few years out of date.

In Part I, general causation and prevention of nervous disease are considered. In Part II, general therapy by drugs, hydrotherapy, electrotherapy, massage, exercise, rest, occupation, diet, psychotherapy and hypnotism. Part III (460 pages) is devoted to therapy of individual diseases and nervous states.

A convenient feature (pp. 62-64) is

a compact list of drugs and dosage in most frequent use by the neurologist, in connection with references to the principal diseases and symptoms for which they are prescribed.

The chapter on electricity is a very fair and practical account of the present status of the subject, avoiding the extremes of undue enthusiasm and nihilistic scepticism. This chapter could have been made more complete by some reference to the "sinusoidal" form of alternating current, which is in constant use by many excellent therapists, who believe it to possess advantages peculiar to itself.

The different applications of hydrotherapeutic measures are well described and illustrated.

Referring to the too frequent neglect of drug-therapy and the often intemperate advocacy of massage, Swedish movements and other mechanical measures, the author very properly reminds us that "the attitude of the great masters of neurology, such as Charcot, Séguin and Gowers, on this subject is very instructive. Each of these, during the zenith of his fame, has recorded his faith in drug-therapy, and has urged the profession to persist not only in what is called rational therapy, but in empirical therapy."

The practicability and necessity of diagnosis between cerebral hemorrhage, embolism and thrombosis receives suitable recognition (Chapter VI). As the basis for a rational treatment this chapter is far in advance of the general text-books on the practice of medicine, and should be carefully studied by every practitioner.

By an unfortunate *lapsus pennæ* on p. 212 the word *embolism* appears instead of *thrombosis*, which is meant.

The radical changes of opinion that have occurred within a few years with reference to the causation, pathology and treatment of locomotor ataxia, find appropriate expression in the chapter on that disease. The brief summary of its pathology as a primary degeneration of sensory neurons is clear-cut and in accord with the most advanced neurological knowledge. The author also expresses his personal opinion that the

most energetic and continued anti-syphilitic treatment in the secondary stage does not lessen the liability which may exist to tabes. In other words, he is in line with those who postulate a personal predisposition, consisting in a vulnerability of the sensory neuron system as the most important basis for the action of exciting causes. With this idea of a "tabetic type" of humanity the present reviewer is in accord.

"Anything that exhausts the peripheral sensory neuron and maintains the exhaustion is a predisposing cause of tabes." The author further takes the rather advanced ground that "clinically, tabes is a recoverable disease. Unfortunately, recovery does not often occur"—the inference being here that the factors of early diagnosis and persistent modern nutritional treatment do not often coincide.

The author believes with Charcot, and contrary to the teaching of Erb and others, that "absolutely nothing is to be expected from the administration of mercury" in this disease. "Moreover, I believe that such treatment often does harm." This is in accord with the reviewer's observation and teaching.

Dr. Collins excepts in these remarks cases which develop tabes within five years after syphilitic infection, on the ground that pseudo-tabetic syphilis of the cord is often difficult to differentiate.

He speaks favorably of K. I., of measures to improve the general nutrition, suitable (warm) climatic conditions, electricity and of the re-education method of Fraenkel, which latter is effectively illustrated. He does not approve of sanitarium treatment, excepting, perhaps, in the last stages of the disease.

The serum treatment of tetanus is spoken of favorably, and the antitoxin of the New York City Board of Health is recommended as equal to any.

The chapters relating to neurasthenia, hysteria and headaches are full and practical. A chapter on the insanities might have been added with advantage.

The book is well-printed on excellent

paper, devoid of the unpleasant glazed surface too prevalent nowadays, and will be found a safe, convenient and practical guide to the most approved modern treatment of nervous disease.

L.

A Manual of the Practice of Medicine. Prepared Especially for Students. By A. A. STEVENS, A.M., M.D., Professor in the Woman's Medical College of Pennsylvania. Fifth edition, revised and enlarged. Illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street. 1898.

This small work on practice is too well known to need more comment than the announcement of a new edition. When first put on the market it seemed to fill a place at once, as rapidly following editions testify. As in most books of this class, certain portions stand out most prominently, overshadowing the rest; here Dr. Stevens has written articles upon heart and lung diseases that would be a feature in a much larger text-book. Many tables on differential diagnosis make the book particularly valuable to students.

M. A. B.

Toothache in Children.

The *Journal of Medicine and Science* says: "Many cases of toothache in children would be avoided if they were taught to brush their teeth after each meal; and most cases of toothache can be cured by brushing out the offending tooth with strong alkaline soap and then using some alkaline antiseptic tooth wash."—*Denver Med. Times*.

THE Viceroy of India, Lord Curzon, says an exchange, is said to be the latest convert to the claims of serum-therapy in the prevention of plague. He has recently been making a circuit of hospitals and segregation camps at Poona. In a recent address upon the subject he stated that the deaths among patients who had been treated with the serum amounted to only twenty per cent., while of those who did not receive the serum over eighty per cent. died. As a result of his faith in the preventive power of the serum, he and his entire family have been inoculated.—*Med. Age*.

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Original Articles.

THE PLANTAR REFLEX AND BABINSKI'S SIGN:

Their Diagnostic Value in Spinal Disease.*

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Mr. President and Members of the Academy:

It is my privilege this evening to ask your attention to a new and important sign of spinal disease, which it is proper and convenient to designate as "Babinski's sign," and which has, so far as I know, received little or no notice in America; a sign which, if present indications be confirmed, renders the plantar reflex as important in a diagnostic sense as is the knee-jerk; and which may even throw a clear light on some cases where the state of the knee-jerks and of other muscle-jerks leave us in doubt.

Babinski,¹ in July, 1898, directed attention to the practical importance of variations in the plantar reflex, as indicating the presence or absence of lesion of the pyramidal tracts of the cord. His investigations revealed the fact that the *normal reflex* response to slight plantar irritation, in healthy adults and in children after learning to walk, is by *flexion* of the toes; whereas, in all persons with lesion of the pyramidal tracts, the corresponding response was by *extension* of the toes. Extension occurs also in normal infants who have not walked, and is explained by him as due to the incomplete develop-

ment of the pyramidal tracts, which is normal to this age.

Babinski's observations, therefore, are postulated as follows by Collier:²

1. "*Extension* of the toes, especially of the great toe, as a reflex response to plantar irritation . . . was *pathognomonic of a lesion of the pyramidal system.*"

This sign he names "*le phénomène des orteils.*"

Babinski notes two exceptions to this rule:

1. As stated above, *extension* is normal in infants under walking age.

2. He observes that in cases of *total transverse lesion* of the cord he was unable to obtain any plantar reflex. (Collier's observations, quoted beyond, seem to negative this latter exception.)

As we have so few symptoms of disease that are justly entitled to be called pathognomonic, it is obvious that these observations of Babinski, if confirmed, contribute an important addition to our diagnostic resources in a region of the nervous system where such aid is frequently desired.

Van Gehuchten³ (quoted from Collier) has confirmed these observations, as has Brissaud⁴ in part, and Collier,⁵ in the current volume of *Brain*, presents an extensive clinical study of the subject based on observations of five hundred patients. Three hundred of these were cases of nervous disease, one hundred were children with miscellaneous affections, and one hundred were adults free from acute disease and presenting no obvious nervous lesion. He finds, in addition to the phenomena noted by Babinski, that the normal *infantile* response (by *extension*) differs markedly from the pathological adult response (by *extension*), (1) in being very brisk in the former, whereas in the latter it

* A clinical demonstration before the Academy of Medicine of Cincinnati, January 8, 1900.



FIG. 1.—Normal infantile response by *extension* of toes. (Case 96 of table.)



FIG. 2.—Normal adult response by *flexion* of toes. (Case 54 of table. Diagnosis: Hysteria, functional paraplegia.)



FIG. 3.—Pathological adult response by *extension* of toes. (Case 29 of table. Diagnosis: Myelitis, with secondary degeneration of paramidal tracts.)

is often deliberate; (2) in the normal infantile (extensor) response there is usually conspicuous *eversion* of the foot, whereas in the pathological adult (extensor) response there is slight *inversion* of the foot. A tabulated summary, indicating other differences and

toe. This is the case, he states, whether the lesion be hemiplegic or paraplegic. The present writer has been unable to confirm this observation as to frequency, it being the exception rather than the rule in his experience.

According to Collier, "it is doubtful



FIG. 4.—Pathological adult response by *extension* of toes. (Case 45 of table. Diagnosis: Postero-lateral sclerosis.)



FIG. 5.—Normal adult response in right foot by *flexion* of toes, with pathological response in left foot by *extension*. (Case 8 of table. Left hemiplegia. The shutter was snapped here a trifle too soon, before extension became complete.)

resemblances, may be found in *Brain*, 1899, p. 81.

Collier also states that a "crossed plantar reflex" (a response in the opposite foot) may usually be obtained, both in normal and in pathological states, and that this consists almost invariably of a slight flexion of the toes (of opposite foot), preponderating in the great

whether the plantar reflex is ever constantly and completely absent in healthy subjects. Its apparent absence may be due to coldness or moisture of the feet. These corrected, the reflex is obtainable. In rare cases, however, in healthy subjects it may be indicated only by contraction of hip and thigh muscles, notably the tensor fasciæ femoris."

This is considered equivalent to the *flexor* or normal response, the reflex arc passing through the same cord segments (fifth lumbar and first sacral).

Collier concludes that: "The clinical and pathological results obtained in this investigation have, for the most part, confirmed Babinski's conclusions, and exceptions to his rule, that *the extensor response indicates a lesion of the pyramidal system*, have been found so few as to 'prove the rule.' It (the extensor response) may be the *only unequivocal objective sign* of a lesion of the pyramidal system. This form of reflex is never found under other conditions, and is a sign of great clinical value. In cases of total transverse lesion of the cord the extensor response is the only reflex phenomenon present in the lower limbs." (Here he differs from Babinski (*q. v.* above), who states that the plantar reflex also is abolished in total transverse lesions.

"In functional (hysterical?—L.) cases the plantar reflex is often difficult to elicit, and there is frequently no response in the foot, but in such cases a response may usually be obtained in the hip muscles (tensor fasciæ femoris especially—L.). This form of reflex is (equivalent to) the *flexor* response.

"In tabes dorsalis the plantar reflex was entirely absent in 20 per cent. of the cases. . . . The reflex, when present, is the flexor response.

"In peripheral neuritis the reflex, when present, is the flexor response. The hip muscles (tensor fasciæ femoris especially) respond alone in some cases.

"In cerebral and cerebellar tumors the flexor response occurs if there be no involvement of the pyramidal system.

"In neurasthenia, chorea, paralysis agitans, poliomyelitis, myopathy and sciatica the flexor response is found.

"In lesions of the pyramidal system a degree of pes cavus is frequently found. It is intimately associated with the extensor response in the plantar reflex, and is produced by a state of reflex hypertonicity preponderating in those muscles which respond most vigorously in the plantar reflex. In all such cases of pes cavus evidence of increased tone in certain muscles can be demon-

strated (tibialis posticus, peroneus longus, extensor proprius pollicis, extensor communis digitorum, tibialis anticus).

"The theory that the pes cavus of spastic conditions is due to weakness of the interossei is not justified."

Babinski records a case of strychnine poisoning where extensor response was present, disappearing after recovery. This is confirmed by Collier, who found extensor response in normal adults five minutes after injection of large (one-sixth to one-third grain) doses of strychnine nitrate. The extensor response persisted for half an hour. The extensor phenomenon thus becomes an important adjunct in the diagnosis of strychnine poisoning.

In *partial lesions* of the pyramidal system, according to Collier, "the following are common clinical variations:"

1. "Extension of great toe, with flexion of four outer toes.
2. "Slight flexion of all toes, followed by slow strong extension.
3. "Contraction of tensor fasciæ femoris and of the extensor proprius pollicis with the minimal stimulus.
4. "Stimulation of the sole may sometimes produce the flexor and sometimes the extensor response."

In other words, in slight or partial lesions of the pyramidal tracts the normal flexor response is always interfered with in some degree.

Should any justification be needed for the very liberal quotations from Collier's paper, it is to be found in the importance of the subject, the value and thoroughness of his investigations and the limited circulation in America of his medium of publication.

The patients before you have been selected with a view to showing various forms of the plantar reflex.

Case 1 (No. 96 in table, see Fig. 1) is an infant four months old. It exhibits, as you see, a marked extension of all the toes on slight irritation of the sole.

Case 2 (No. 54 in table, Fig. 2), a man of fifty-eight, has a spastic-ataxic gait, with normal knee-jerks and no ankle clonus. He is subject to prolonged paroxysms of tonic convulsions



without loss of consciousness, has segmental anesthetic areas, contracted visual field in his one good eye, and other marked evidences of hysteria. Judged by his gait alone, he would make a fair clinical picture of the disease called "ataxic paraplegia," which would imply a lesion of the pyramidal tracts and of the columns of Goll in addition. The marked flexor form of plantar reflex rules out the first lesion, and the presence of good knee-jerks, with absence of Argyle - Robertson pupil, negatives the tabetic theory. The diagnosis of a purely functional nervous state, so far as the legs are concerned, is confirmed by the fact that his gait has been at times entirely normal in the several years I have had him under observation.

By way of contrast I would ask your attention to this patient (Case 3, No. 29 in table, Fig. 3) with a paraplegia of undoubted organic origin. He has two foci of softening, probably from thrombosis in the lower dorsal cord. There were two distinct attacks, one on each side, the effect being that of a transverse lesion. Both pyramidal tracts are involved, as shown by the plus knee-jerks, double knee clonus, and finally, as we see, by marked extensor response of all toes in both plantar reflexes.

Case 4 (No. 45 in table, Fig. 4) is one of considerable interest from a diagnostic point of view. For the privilege of showing him to you I am indebted to my colleague, Dr. G. A. Fackler. He has Argyle-Robertson pupils, Romberg sign, ataxia of gait and of hands, with sensory defects of tabetic type in the legs. Nevertheless, we find he has good knee-jerks. Some might class this case as one of "high-up" tabes, and so account for the preserved knee-jerks. Examination of the plantar reflex, however, as you see, reveals a marked *extensor response* in both feet. If he had uncomplicated locomotor ataxia the response would be flexion or absent; hence, we assume the probability of a lesion of the pyramidal tracts causing a return of knee-jerks as happens in hemiplegics who have tabes. Since there is no history

of an acute attack and no ankle clonus, the lesion is probably a degenerative one not far advanced. Without the plantar reflex a correct diagnosis would be impossible. With the extensor response, however, the probability of a degenerative lesion—in other words, a postero-lateral sclerosis—is very strong.

In hemiplegics examined by me (and recorded in table) I have found the extensor response on the paralyzed side as early as the second or third day of the disease, the sound side usually presenting a flexor response.

In one case of uremic coma, where the patient voluntarily moved all limbs, apparently with equal power, a right-sided extensor plantar reflex furnished the basis of a diagnosis of right hemiplegia, which was confirmed subsequently by a clear history of an old attack of hemiplegia on that side, and by the discovery of a small cicatrix in the left internal capsule extending from the thalamus.

I have tabulated herewith 110 cases observed by myself in hospital, dispensary and private practice, with reference to the plantar reflex. Collateral observations on other reflexes are included in most cases. These may be of interest as showing the relative value of the plantar reflexes as compared with other reflex phenomena in the lower extremities. Eighty-three are cases of nervous disease, the remaining twenty-seven being patients without obvious nervous lesion. For the privilege of examining these latter my thanks are due to several of my colleagues on the staff of the Cincinnati Hospital, namely, Dr. William H. Taylor, Dr. E. W. Mitchell, Dr. G. A. Fackler, Dr. J. W. Murphy, Dr. B. K. Rachford and Dr. N. P. Dandridge. I am also indebted for assistance rendered by Dr. W. F. Jones, my interne in the neurological service.

Dr. W. E. Schenck, my associate at the Miami Medical College clinic for nervous diseases, has furnished the very effective instantaneous photographs for the accompanying illustrations.

So far as these observations go, they confirm the claims of Babinski and Collier that the *extensor response* is

practically pathognomonic of pyramidal tract lesion.

The observations of Collier as to the equivalence of the tensor fasciæ lata response and the flexor plantar response is also corroborated.

The plantar reflex has been absent on both sides in only four cases in 110: One of tabes with plantar anesthesia, one of epilepsy with considerable dementia, one of melancholia, and one of senile dementia. In two tabetics it was absent on one side only.

In one case of Jacksonian epilepsy it was absent in the convulsed foot (Case 24), owing, perhaps, to rigidity. (See foot-note to table.)

ADDENDUM.

The constancy of "extensor" plantar reflex on the paralyzed side in the organic cerebral hemiplegias is such as to render the "Babinski" sign here a very valuable diagnostic aid, especially in the unconscious patient, where every additional clue may be important. As shown in the tabulated cases, and in a considerable additional series of hemiplegias observed by the writer, the sign is present in both recent and "old" hemiplegics, appearing usually within a few hours after the "stroke," and before the knee-jerk returns.

Attention is also called to the well-marked "flexor" response in the single case of tetanus observed. Should this prove to be constant in this disease, it will afford another diagnostic distinction between tetanus and strychnine poisoning, since in the latter, as Collier has shown, "extensor" response is present.

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[For discussion see p. 148.]

AN AMERICAN NEED.

BY H. H. SPIERS, M.D.,
RAVENNA, O.

"A just observation and reflection upon men and things give wisdom; these are the books of learning seldom read."—WM. PENN.

The Americans as a people are well educated. Many things conduce to this end. Foremost among them a system of common schools prevails throughout the length and breadth of the land—the pride and joy of the nation. The children, when grown, have vivid recollections of these schools. Not only do they remember, but the habit of thought then and there formed follows them in after years. Early life is a period of inhibition; not only so, we also retain what we see or hear.

The child at school may be compared to a sponge. Whatever is presented is readily absorbed, so that, squeeze whenever you will, the child or man gives out that he has absorbed or inhibited. This is a sequel to the present system. Whether it be regarded a fault or not, this much is certain: There is not that in us which tends to a vigorous growth or development. As writers and teachers we lack originality and force. The writer believes this a fault, one that should be corrected or in some way avoided. It is our life. Wherein does the wrong or fault consist? In this: We take in or assimilate as presented; we memorize and give out just as we receive. Such teaching or instruction develops no originality. It is a parrot-like acquirement and delivery. Ages come and ages go, and we roll on forever so.

It is a similar system which has brought the Chinese Empire where it is to-day. No people on this earth are better educated than the Chinese. Yet in true progress and clear ideas where are they? One thousand years behind the age. May it never be so said of America.

It is not the object to find fault with a system of education the like of which is not elsewhere to be seen—the rather to commend it. At the same time it must be remembered that all human

systems are faulty. To eliminate a fault is to improve the system. Do we desire improvement? Why object to an elimination?

As before stated, in early life the receptive faculties are open. This is as it should be. The child imitates, receives and retains. As yet there is no cultivation of the percepts. The child sees nothing except through his teachers. As he grows why not occasionally let him look for himself? He passes from grade to grade, and, if studious, becomes an encyclopedia of information, yet destitute of originality—a mere book-worm.

As the best pastor endeavors to find work for each of his parishioners, and thus adds to or improves his talent, so the most capable teacher strives to develop in each pupil his powers of perception or originality. This is wise. Encyclopedias are common. Book-worms are unnecessary. What the world wants is original thinkers for its advancement. The sooner we discover this truth the better for mankind. No discovery is probable by one who has been educated under the present system. The system itself blinds one to original research. It is a continual memorizing of what others have passed on or determined.

That the writer is not giving vent to an hallucination may be seen by observing the high school graduate as he leaves his *alma mater*. Watch him! His unaided ability to secure a position and adaptability to gain a footing in the "struggle for existence" is child-like. He is a mere tyro. Place him on his feet, tell him what is to be done and how to do it, show him what is expected of him, and if he be faithful he learns more of practical worth in one year than in the many years previously. *The world's book of practical suggestion and information is now open to him for the first time.* Is he educated to read this book? We think not.

The same may be said of the ordinary college graduate. Note the length of time before he finds a place adapted to his abilities. When out of school he is like a landsman at sea. Perhaps he

begins with some menial employment, much to his distaste, if none other offer. By diligence he rises step by step, and from his chaos of information he discovers there is little available at present. The bent of inclination, or more often the solicitations of friends, determines his vocation. All may go well. Very often every thing goes ill, or it is rough sailing from the start, and the voyage proves uneventful.

The great trouble is we are made too dependent on some one else. Teachers are not always present. There are some things we must observe for ourselves, else we do not know. Birds and flowers and trees, etc., do not grow with names stamped on them.

To be familiar with these objects we must learn them from nature in nature's school. So in science; science of to-day is not the science of yesterday or tomorrow. It is changing. He who reads science truly must walk as in the day, with both eyes open, *recognizing all men, paying deference to none.* He alone can read wisely.

"A just observation and reflection upon men and things give wisdom; these are the books of learning seldom read." Give us more self-reliance and greater originality; these are potent factors in the world's evolution.

After the classical course in the schools comes the fitting of oneself for professional life—a great work. It is said the major part of our great men are college bred. This, at best, is saying but little, for all of our children must have more or less of college training. If, then, we have distinguished men at all they must of necessity be from this class.

The question under consideration is, do our strictly college-bred men show marked traits for original research? Are they distinguished along the lines of acute observation? Do they not work in channels or grooves in which they have been taught? Do they not hold and reverence the authorities? Are they not, as a rule, inferior in wisdom to the so-called self-made men?

Our greatest artists have ever copied from nature. Why should we, the

students of nature, ever be following the scholastic method?

Let us think wisely, but let us think for ourselves, remembering there are "Sermons in stones, books in running brooks and good in everything."

Ichthyol in Corneal Ulcers.

Ichthyol has been employed successfully in corneal ulcers by Dr. B. F. Travis (*Med. Herald*), oculist and aurist to the Erlanger Hospital, Chattanooga, Tenn. The remedy was used in strength varying from 10 to 50 per cent. Generally, however, a 30 per cent. solution in glycerin and water is used, weaker solutions being employed for home use. Ichthyol, he says, has no effect on healthy epithelium, even in the stronger solutions. It is very painful for about one minute, but the instillation of a 1 per cent. holocaine solution a few minutes before the application of the ichthyol is made renders it much more comfortable to the patients. The author does not wish to say that this is all there is to be done in corneal ulcers, but among the great number of local remedies which are in use, ichthyol has afforded him the best results.—*Merck's Archives*.

Institute for Tropical Hygiene.

In the budget of the German Empire for 1900 there appears for the first time a subsidy for the Institute of Tropical Hygiene which it is proposed to establish in Hamburg. The empire will contribute \$6,000 yearly to the maintenance of the Institute, which is to be opened October 1, 1900.—*Med. Age*.

THE early stage of pyosalpinx or salpingitis is hard to recognize because it follows immediately upon, or is associated in conjunction with, endometritis, masking the symptoms of tubal disease.—J. SPRECHT.

At a recent meeting of the New York Academy of Medicine, a resolution was adopted recommending the establishment of both State and municipal sanatoria for consumptives.—*Med. Age*.

Correspondence.

INSTRUMENT TO CONTROL EPISTAXIS.

CINCINNATI, Feb. 10, 1900.

Editor LANCET-CLINIC:

Dr. William Judkins' criticism of the "new" instrument for controlling epistaxis, which Dr. C. R. Holmes brought back from London recently and showed to the Academy, was certainly *apropos*. If Dr. Kearns' genius devised it he certainly was thinking along lines that had already been gone over by some worthy predecessor, adding more emphasis to that old proverb, "There is nothing new under the sun." At least fifteen years ago a gentleman presented me with a rotary pump outfit, and among several instruments in the bag was a cannula with its rubber covering for plugging the nares, but the idea was then old to me, I considering it common property of the profession, that "*everybody*" knew. When I was a student, about 1871, up in Clermont County, O. (where so many great men come from), I heard of an old country doctor, whose name I cannot now recall, who was confronted with a fearful case of nose bleed. His available armamentarium consisted of a Davidson syringe and a stiff catheter, but he was equal to the occasion. He quickly ordered a chicken killed, and devised this very instrument, using a section of the chicken's intestine for the rubber bag. Probably if he had had a condom in his vest pocket he would have used that, and the chicken's life would have been spared.

W. E. SHAW.

2974 Colerain Ave.

DR. GEORGE W. GAY, Visiting Surgeon to the Boston City Hospital, recommends chloroform in preference to ether in all cases liable to be complicated by difficult or suspended respiration, noticing in particular tracheotomy and esophagotomy; malignant disease of the throat and neck, asthma, etc.; stenosis of the larynx, etc.—*N. Y. Med. Times*.

Society Proceedings.**THE ACADEMY OF MEDICINE OF
CINCINNATI.**

OFFICIAL REPORT.

*Meeting of January 8, 1900.*THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

DR. F. W. LANGDON read a paper
(see p. 141) entitled**The Plantar Reflex and Babinski's
Sign.**

DISCUSSION.

DR. DAVID I. WOLFSTEIN: The essayist has shown us this evening a most interesting series of cases illustrating this very interesting phenomenon. The attention of the profession was first called to this sign in 1898 in an article in *La Semaine Médicale* by Babinski, and it has become known as Babinski's sign. During the semesters of 1899 I saw this sign tested in quite a large number of diverse cases in Prof. Oppenheim's clinic in Berlin, and later also saw some of the cases referred to by Dr. Collier, and which he has published in a long article in *Brain*. The general sentiment on the other side of the water was that we have here a valuable indicator of lesions in the pyramidal tracts. In this country, so far, but little attention has been paid to it, though Dr. Sailer, I think, has reviewed the subject in a recent article in the *Philadelphia Medical Journal*. The cases reported by Collier in his careful study go very far to confirm the claims originally advanced by Babinski. However, I doubt whether we should consider it as a pathognomonic sign, having the same great value, let us say, as that of Westphal's. I have seen this sign present in two cases of combined sclerosis, *i.e.*, where both the posterior tracts of Goll and Burdach and the pyramidal (lateral) tracts are degenerated. One of these was consecutive to pernicious anemia, in which in the latter stages we are apt to have lesions of both posterior and lateral tracts.

The observation that this extensor reflex is the normal reflex in infancy and during sleep is certainly very interesting, and on teleological grounds it is just what should occur. The infant's cord is practically the same as that of a paraplegic, inasmuch as the pyramidal tracts, which convey volitional impulses from the cerebrum to the cord, are still undeveloped; their fibres have not yet been invested with their medullary sheaths, and as there is no need at this early age for volitional impulses, their fibres of conduction are not yet ready to receive them. The dorsal flexion of the ankle is part of the ordinary foot reflex movement, a part of that movement more highly developed in animals, which in us is present in weaker form. It is part of what the Germans call "*Abwehrbewegungen*," instinctive movements of reflex character, but purposeful notwithstanding. It is observed in attempting to avoid an obstacle. The plantar arch becomes more arched, the whole foot is drawn backwards and the foot is flexed dorsally on the ankle. Of course, in sleep we may consider that cerebral inhibition is temporarily in abeyance.

The sign is an added one to those indicative of irritative lesions in the pyramidal tract, *i.e.*, ankle clonus, increased reflexes, rigidity—in other words, spastic conditions. If it were invariably present in the absence of these other signs, of course its value would be extreme. Further experience, however, is necessary before we can give it the dignity of a pathognomonic sign. It has been found, strange to say, by Collier in total transverse lesions of the cord high up, which is hard to reconcile with the usual observation that in such conditions the deep and surface reflexes are absent. It raises always the question whether or not in such a case the pyramidal tracts are not implicated to a lesser degree than the rest of the cord. In recent cerebral hemiplegias this extensor reflex of Babinski will be absent, but will appear later after the effect of the shock has subsided. It is interesting to note its presence in the spastic cerebral hemi-

plegias of childhood, where the paralyzed foot responds with toe extension, the sound foot with toe and foot flexion. The main value of the sign, I think, will be found in the fact that we have through its presence additional evidence of spastic lesions, and principally that its presence enables us to postulate organic disease, and thus to differentiate organic hemiplegias and other spastic lesions from functional hemiplegias, hysteria, etc., as well as cerebral from spinal forms.

The essayist has called our attention this evening to a most interesting sign, which I think is apt to aid us in differential diagnosis, and he deserves our thanks for his excellent demonstration.

DR. S. P. KRAMER: While listening to the very interesting demonstration it has occurred to me that the investigation of the phenomenon on the lower animals might prove to be of great interest psychologically. That reflex extension of the toes should follow irritation of the plantar surface is in accordance with the general animal impulse to recede from an irritant. It is a so-called *abwehr-bewegung*, such as we see in the pithed frog, for instance, when the leg is drawn up, away from an irritant. It is interesting to note that in man, before the development of the cerebrum, and in diseased conditions, when the sensory terminals are cut off from the higher brain centres, the movement of drawing away, *i.e.*, extension, follows irritation of the plantar surface. When the cerebrum is intact, and when the connection between the cortex and sensory terminals is normal, the organism makes a reflex effort in the opposite direction, as though to push away or battle against the irritant. It would be interesting to determine how far down in the animal scale the capacity for reflexly pushing away the object reaches.

DR. WOLFSTEIN: Experiments have been tried on apes by Sherrington, and the same phenomenon has been observed in them as in man.

DR. E. P. DAVIS advises the warm bath as the best remedy for the insomnia of pregnancy.

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
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CINCINNATI, FEBRUARY 17, 1900.

Editorial.

THE TWENTY-SECOND OF FEBRUARY.

The next Thursday will be the 22d of February, day sacred to every true American heart as the birthday of George Washington. Born February 22, 1732, he passed to the higher life December 14, 1799. Our first President, then, has been dead a century, yet time has only added an additional glory to the halo of his eternal fame. In days past the country was wont to celebrate the birthday of its greatest military and statesman with noisy acclaims of joy, the music of parading soldiers and sailors, the muster of the various civic societies, festivities and the closing Washington-birthday balls.

Glancing back over the distance that separates 1776 from 1900, one is struck by the vast changes in public sentiment wrought by the iron hand of time. England, that even at the period of Washington's death manifested not the slightest official sign of sorrow, now vies with this country in honoring the memory of this great and good man,

and claims his English blood and descent with every evidence of national pride. Time has softened national asperities. Meanwhile, no true and native born American can ever forget the constant love and devotion of France for her sister Republic from the very beginning. What more eloquent oration was delivered than that of Felix Faucher, when, on February 4, 1800, just a century since, he delivered the following eulogy?

"Washington is no more! The tomb has claimed him who was the model of republican perfection. The generous inspirations that he imparted to the French who were attracted to his school of arms; the sublime act which will ever add lustre to his memory, when, after having exerted his talents in giving liberty to his country, he voluntarily relinquished supreme power to conceal his glory in the obscurity of private life."

It was the great Emperor, the first of European soldiers, the little Corsican, whose memory is ever cherished by every true Frenchman, who issued his famous order, when acting as First Consul, on February 18, 1800:

"Washington is no more! That great man fought against tyranny. He firmly established the liberty of his country. His memory will be ever dear to the French people, as it must be to every friend of freedom in the two worlds, and especially to the French soldiers, who, like him and the Americans, bravely fight for liberty and equality. The First Consul, in consequence, orders that for ten days black crepes shall be suspended to all the standards and flags of the Republic."

This immortal French general fully appreciated the true worth of the greatest of all Americans.

There is no record of grief at the loss of Washington in the Hessian court, and even the hyphenated Americans, so designated by Admiral Dewey,

have never been great admirers of the American chieftain; but in this category of hyphenated Americans are not included the "'48-ers," who never had and whose descendants will never have any love for the God-given (?) Kaisers, who have ever trampled under foot popular liberty and the rights of the masses. It was the sturdy, liberty-loving type of the Germans, like Steuben, who figured along with La Fayette and Rochambeau in the glorious rebellion against Brittannic claims.

We have noticed, with regret, that the past twenty-five years people claiming to be Americans, one degree removed from European influences, have sought with tongue and pen, and in the dirty pool of politics, to smirch the fair name of France and poison the American mind against everything that is truly Gallic. Such efforts will ever meet the contempt they so richly deserve. Your old-time American is not apt to forget true and tried friends, and the old-time American descendants will ever have a kindly regard for the French above all other nations.

Newspapers of the yellow type, run by hyphenated Americans of close foreign extraction, financed from Lombard Street and the Berlin Bourse, fail to awake much popular national enthusiasm, and that only among the few and unthinking, and the mass of foreign born among us who, while enjoying the rich fruitage of American citizenship, never let an opportunity pass to vaunt of their superior national virtues. They might return, with profit to this country, to the various fatherlands they so proudly claim as home. If the descendants of the old Huguenots, like Joubert and others, who from France went to Holland and from thence to South Africa, triumph in the cause of their republicanism, it will not cause your average

American a single pang of regret. Politicians may prate of international alliances that will never be realized by the popular vote of the American people; that is the hypocritical part of diplomacy in Republics, and affords far from truthful ideas as to national moralities.

If for thirty years past our duty as translator has led us to turn more to the literature of French medicine than that of any other European peoples, it is because we have the most profound respect for a race that has ever endeavored to perpetuate republicanism amidst all the plottings of the various European realms. France has ever been a nightmare to the crowned heads of Europe, and for whatever little liberty Europe enjoys to-day the glory belongs to the French. It is well and fitting, a century after Washington's death, that a grand statue is to be erected in Paris to the memory of the glorious La Fayette during the present year. A city that can name its avenues after distinguished Americans like Washington, Franklin and Jefferson, will be ever loved by true Americans. London and Berlin have as yet failed to pay such a tribute to American republicanism. It will be a grand day in the history of the world when every throne on earth shall fall and the word empire be forgotten. To accomplish this all Republics must cling together. Any other idea is not American. "All men are born free," and a true Jeffersonian democracy cannot believe otherwise.

This editorial may be out of place in a medical journal, but the occasion of a hero's birthday is enough to afford the inspiration. We have often been twitted about our fondness for France and French medicine; it is native love and gratitude to France that inspires above all. Standing with the Swiss Re-

public, France is the only country in all Europe we have an honest national care for; not that there are not others that evoke our admiration by reason of their science, literature and arts, but that we love the Republics best of all. Even from out in that far-off South African Republic a telepathic choir of sympathy extends, we fancy, from the hearts of most Americans. Analyze your soul, gentle reader, and then tell where your honest feeling goes.

Let every good American doctor remember the 22d of February, and toast the man who was "first in peace, first in war," and still remains "first in the hearts of his countrymen." T. C. M.

\$5,000 MALPRACTICE SUIT.

WILLIAMSTOWN, KY., Feb. 13, 1899.

The members of the North Kentucky Medical Society deplore the verdict and deem it unjust as rendered by the jury on February 10, 1900, for \$1,500 against Dr. J. B. Alexander, a member of the above-named society.

Particulars of the above suit are as follows: Eight years ago Dr. J. B. Alexander, of Grant County, Ky., was summoned in haste to see a young man who had accidentally shot himself with a shot-gun through the wrist. After examining the wound the doctor decided the only thing to do was to amputate the forearm at the wrist, which he did. The stump healed by first intention, and for five long years there was no dissatisfaction heard from any member of the family as to the success or result of the operation. About this time the young man became of age, and, not having any money and the doctor having a reasonable amount of this world's goods, the young man became dissatisfied with the result of the operation and thought the operation had been very unskillfully performed. Hence, he sues the doctor for \$5,000 damage. The case has been in the courts for three years. It has been to the Court of Appeals once, *

It is truly lamentable that a verdict like the one above indicated should be possible. Evidently, the finding was based upon sympathy for the plaintiff

and not in accordance with justice or the facts in the case.

The tendency of the times looks to a constantly increasing stringency of requirements in the way of professional attainments upon the part of the State from those who practice medicine; with such demands there should follow an exemption of liability of prosecution of claims for malpractice.

At best the practice of medicine is a hazardous occupation, as it involves peculiar hardships, for which some compensation is found in a personal gratification that comes from a sense of pleasure at being able to relieve pain and restore health to the suffering and afflicted. Ardor in this good work is chilled to zero when malpractice suits are brought against the most reputable of men, and indignation follows.

The writer sees but a single remedy in sight, and that is found in professional organization. Nine times out of ten malpractice suits are brought at the instigation or suggestion of some weak or indiscreet physician. Complete organization and personal fellowship will reduce to a minimum inclinations and tendencies to such suggestions, at the same time promoting a desire to protect one another under such conditions when they occur. There is a magic influence found in the sentiment of getting together, and it is not all sentiment either, for there are other advantages equally great, such as mutual improvement through discussions and reading of papers.

Self-preservation is the strongest of all instincts, and this may be cultured through organization. Without organization there is single individualization, which at the present time counts for very little. A person in making an appeal to a State legislature will receive neither attention nor a hearing, but if

he represents a body of citizens of respectable numbers every attention is accorded, and in this way law-makers are influenced. They see behind the delegate a delegation that influences votes. Physicians are sufficiently numerous to change the partisan vote in any ordinary election. This places a great power in their hands, and it is one that on every justifiable occasion should be wielded. It is not an idle boast to say that at this time the Cincinnati Academy of Medicine can as an organized body exercise a greater political power than any similar organization in the city, and it is to be said to their credit that when professional interests are at stake the members stand together. It is a matter of professional self-preservation that they should do so. The Academy membership enrolls about two-thirds of the reputable physicians of the city; most of the other third are to be found in the Eclectic and Homeopathic societies. These organizations co-operate with each other fairly well on questions of general professional interest, and promptly answer any summons to testify in suits for malpractice. Either knows and feels that their members are perfectly safe in the hands of the other in all such cases. This means much to every one.

There are those who call themselves physicians who are not identified in the membership of any medical society. These men are few in numbers, and generally are found in the quack element. They are sure curers who don't cure. Their function is to fatten newspaper receipts and gull the people. There never yet has been a known quack who was a recognized scientist. Their vocation is that of pretense.

To the physicians of Kentucky it must be said they must get together in their county and State organizations,

and when so enrolled stand hard and fast by each other. It is a bounden duty owed one to the other.

The Kentucky State Society has a membership of about five hundred, which is just about one in eight of those who ought to be so identified. The membership of the Ohio State Medical Society is less than one thousand, whereas it should be more than six times that number. As a noted Kentucky attorney once said pertaining to his own profession in a famous trial, "the time has come when we must stand together." Those physicians who do not stand together in their regular organizations don't stand at all, so when the winds of adversity blow and the rains descend their houses will fall, because of their sandy foundation. There is no stability in them.

EDITORIAL NOTES.

ATTENTION!—At this time it is a matter of vital importance that members of the medical profession of Ohio should at once write to their State Representatives and urge the enactment of the medical bill now under consideration by the Legislature. As amended the bill has been made satisfactory to students as well as physicians. **AN UNEXPECTED QUACK OPPOSITION HAS DEVELOPED.** Don't delay for a single mail.

ACADEMY OF MEDICINE.—Monday evening, February 19: "Some Cases of Ethmoid Disease," by Dr. John A. Thompson; "Penetrating Wounds of the Eyeball," by Dr. Francis Dowling.

A NUMBER of British medical societies have passed a resolution granting free medical attendance to the families of those who are fighting in the Transvaal.—*Med. Age.*

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Some Practical Points in the Management of Injuries at the Elbow-Joint.

The frequency of occurrence of injury at the elbow-joint of more or less serious character, and often resulting in permanent disability and loss of function, makes the study of the mechanism of this joint and its commoner lesions of the highest practical importance to the surgeon and general practitioner.

In what I am about to say I disclaim originality, simply desiring to bring before this association points in regard to the diagnosis and to the position of the limb during the period of repair, and the question of early or late passive motion.

Diagnosis is usually obscure by reason of the fact that great swelling rapidly ensues. The bony prominences are shut off from tactile examination by the edematous and congested tissues.

There may be fracture alone in the humerus, ulna, radius, or of more than one of these, or associated therewith may be dislocation, or there may be dislocation alone. The latter condition is easier of diagnosis by reason of abnormal rigidity.

If satisfied that dislocation only exists, the duty of the moment is plain—to reduce it at once, as delay increases the difficulty and tends toward a stiff joint. In case of fracture alone, if satisfied that such is the case, we need be in no immediate hurry if the fragments are not greatly out of line, as callus does not form at once, not forming in the adult, probably, until the eighth or tenth day.

This fact will permit us to wait a few days until swelling subsides, to make an exact diagnosis of the nature of the case, after which setting can be done. There are, however, in private practice, serious objections to delay in setting, and the application of fixation apparatus. And as it is often the case that the surgeon is in doubt as to the exact diagnosis, for reasons previously

mentioned, it therefore becomes of the greatest value to apply some method of removing the obscurities that surround the injured joint.

It is in such cases that the practical points already mentioned in the literature of this subject are of value. Put the patient under an anesthetic, then apply an Esmarch elastic bandage, beginning at the hand, going slowly and firmly up the forearm, over the swollen elbow to the axilla. Leave the bandage on for, say, fifteen minutes; then remove it, beginning at the hand, but leave a few turns at the upper arm, tightly in place. The elbow will then be found no longer swollen, and the edema for the time being will be gone. The diagnosis can now be made. If it is a dislocation it can be reduced; if a fracture, it can be set.

The second point is the position in which the limb shall be placed in case of fracture. The most common fracture is that of the internal condyle of the humerus, including its trochlear surface or articulation with the ulna. If this fragment be not greatly displaced by the continuation of the force which produced it—that is, a force upward and inward—the natural angle or ulnar deflection will be apparent, upon extension and supination of the forearm. If, however, the displacement above alluded to has taken place, then the arm and forearm may constitute a straight line, or there may even be a radial deflection.

Now let us discuss how best to prevent and overcome the permanency of such deformity. In the *Annals of Surgery*, not long ago, was a symposium of the divergent opinions of prominent surgeons residing in Boston, New York and Philadelphia. A majority recommend the semiflexed or practically the right-angled position, evidently having in view the advantage of that posture in eating, etc., should ankylosis ensue. A minority, however, including some famous surgeons, counseled extension with supination during the entire period of healing. This position places the flexor and pronator groups of muscles in a state of tension, and those arising from the broken con-

dyle would help to draw it to its normal position and hold it there. This would result in the prevention of the radial deflection or gun-stock deformity; although should ankylosis unfortunately result, a much less useful limb for all purposes would be the outcome. It seems to the writer that in an ordinary case, with no great displacement of the condyle and trochlear fragment, the semiflexed position may give satisfactory results. However, with an instance of marked displacement of the articular fragment, with radial deflection on extension, we cannot do better than adopt the plan suggested by Dr. Powers, of Denver, that of a combination of both plans, or postures—using for one week extension and supination, then assuming the semiflexed position during the time required for knitting. This change in posture may be done gently under anesthesia. During the first week plastic adhesion should occur between the two fragments, so that the condyle would be little likely to slip out of place when the right-angled posture is assumed. The limb is therefore in the most useful position should ankylosis unfortunately result. The question of passive motion next engages attention, and I believe within recent times a radical change of opinion has occurred.

Some years ago it was orthodox doctrine that early and frequent passive motion was the duty of the surgeon. Does not this violate that cardinal principle of good surgery—that of rest for an injured part?

The argument against motion may be formulated as follows:

1. In a fracture involving a joint or close to it, motion is commonly not possible without some movement of the fragments.
2. If the fragments are thus moved instead of being left at rest, they are thereby subjected to irritation, and with irritation there will be increased exudation of callus. There is always a larger lump of provisional callus at any break in a bone not kept quiet than in one held immobile.
3. The greater the amount of callus thrown out the more new bone will be formed.

4. The greater the amount of new bone produced about the fractured ends, the greater will be the bony obstruction to free motion in the joint.

Having made sure that the fragments hold the proper relationship to each other, we should avoid all motion until the period of exudation of callus is ended and ossification is well under way. At the elbow we may properly wait a month.

When finally we do move the joint some stiffness and pain will be observed. Gentle motion, both active and passive, increasing day by day in extent, with massage, should be persistently employed, and finally, if after a fortnight of daily we *séances* do not obtain a satisfactory range of motion, synovial adhesions may be broken up under brief anesthesia.

The writer has, within a recent period, had an opportunity to apply the method of extension and supination of the forearm in fracture of the internal condyle of the humerus in six cases. This position was maintained for a week in each instance without unusual discomfort when the right-angled posture was substituted and maintained during the time of knitting. The result in each instance was most satisfactory.—H. T. DANA, M.D., in *Lehigh Valley Med. Magazine*.

The Co-Relation Between Sexual Function, Insanity and Crime.

There is perhaps no branch of medicine that has more points of contact with the law than gynecology, and it may be added that there are few departments of medical jurisprudence where these points of contact are more enveloped in obscurity and uncertainty. The relation of insanity to disease of the pelvic organs; so-called criminal acts which may be the resultant of these two factors; questions of unchastity and venereal disease as they arise in the divorce courts; criminal assault; artificial abortion in all its aspects, including wounds in the uterus and evidences of past or present pregnancy; the duration of pregnancy; these are some of the questions on which impor-

tant legal issues may hang; and upon which, unfortunately, knowledge is by no means precise. The co-relation of sexual function with insanity and crime was the theme chosen by Dr. Macnaughton-Jones for his Valedictory Address before the British Gynecological Society.

He first discusses the influence of the menstrual function on a woman's character; but here he rather raises questions than lays down doctrines. Alienists, of course, recognize the etiological importance of puberty and of the menopause in relation to some forms of insanity; and between the establishment and the cessation of the function, the occurrence of menstruation may be associated with mental disturbances. It may, however, be stated categorically that menstruation is not a disturbing factor, except in women otherwise predisposed to derangements of the mind. In a healthy woman it may induce a certain degree of irritability and depression of spirits, but nothing more; it is in the mentally unsound that it may be associated with sudden maniacal outbursts or pronounced melancholia. The same line of thought may be adopted when discussing the relation of pelvic disease to insanity. It is more than doubtful whether any pathological condition of the uterus or ovaries could lead to insanity, except as the immediately exciting cause in a woman already predisposed thereto. The numerous cases recorded in which the cure of pelvic troubles, by operation or otherwise, has been followed by mental improvement in no way invalidate this view; for they are most readily explained on the supposition that the restoration to a sound condition of mind was hindered by the pelvic disorder, as it would have been by disease elsewhere. It may, however be granted that diseases of the sexual organs probably exert a more profound influence than disease in other parts of the body.

We gather that Dr. Macnaughton-Jones had proposed to dwell on some of the other medico-legal points that we have enumerated, had time allowed; and we can only regret that time proved in this case an *edax rerum*, for we would

gladly have heard some pronouncements on these topics from such a recognized authority. Meanwhile, more facts are badly wanted, and we should like to see instituted, under the *agis* of some learned society, a commission composed of leading gynecologists, expert pathologists, and recognized legal authorities, to investigate and report upon some of the medico-legal aspects of gynecology. Such an investigation, thoroughly carried out, would prove of the greatest value both in medicine and in law, and would facilitate the solution of many questions affecting a large section of the community.—*Med. Press and Circular*.

Heredity.

A. C. Abott (*Hygiene of Transmissible Diseases*, 1899), in discussing the question of heredity as a predisposing factor in disease, states that it manifests its influence more through the transmission of a peculiar habit of body than by the transmission of disease itself. In the modern sense inherited predisposition to disease implies a congenital condition that is peculiar to the idioplasm of the individuals of certain families, a condition that inclines them to this or that particular form of malady. For instance, in some families we observe a peculiar tendency to nervous diseases, as to epilepsy or insanity; in others to cancers and tumors; in others to scrofula, tabes, and other tubercular manifestations. The rheumatic and gouty diatheses and syphilis belong also to this category. Again, families are encountered that are endowed with a marked predisposition to acute diseases, while in others there is an equally marked resistance to them. In short, the inheritance of a tendency to or immunity from disease is due fundamentally to the same processes through which peculiarities of a physical, moral, or mental nature are transmitted.

The question concerning the direct transmission of disease from parents to offspring is one over which there has been a great deal of controversy. With regard to certain diseases, such as syphilis and some of the acute infections, there can be no doubt that such a trans-

mission occurs; but in connection with tuberculosis there is still more or less disagreement. The weight of evidence contraindicates the probability of tuberculosis being often directly inherited, and while it is impossible to deny the intrauterine existence of the disease, yet hereditary tuberculosis must be looked on as a rarity. The part played by heredity in the dissemination of this disease is more often observed in the transmission of a generally enfeebled constitution, with a special predisposition to this particular form of infection. It is manifest that through the intimacy existing between tubercular patients, particularly mothers and their offspring that are congenitally endowed with this predisposition, there are abundant opportunities for accidental infection. Fagge calls attention to the frequent impossibility of distinguishing between hereditary and accidentally acquired tuberculosis. On the other hand, Baumgartner favors the opinion that tuberculosis is frequently inherited, and that the virus lies dormant until after the period of active infantile tissue development, when it exhibits its pathogenic properties.

The relative insusceptibility to disease, like predisposition to disease, is a property that is inherent to the germ-plasm of the individuals and their progenitors. It is not probable that the comparative immunity from or the increased resistance to a disease that is conferred upon an individual by a single non-fatal attack of that disease is transmitted to his offspring, any more than are the numerous other quickly acquired traits or characteristics. At least, we have no evidence in favor of such a view. Important light has been shed upon this phase of our subject by the brilliant researches of Ehrlich and certain of his followers in these interesting investigations. Ehrlich has shown that acquired immunity from poisons that are in many respects analogues to those concerned in the morbid phenomena of infectious diseases is not transmissible from parents to offspring, in the way that physical and mental peculiarities are handed down—in fact, they are not inherited at all; but that

for a temporary period during nursing the immune mother conveys to the suckling, through the milk, a substance that serves to protect the offspring from the disease from which the mother is immune. The protection is not permanent, but ceases with, or a very short time after, the cessation of nursing. Moreover, this protection is maternal, the father taking no part in it—a state of affairs contrary to what we know to be the case with regard to the inheritance of physical, moral, and mental characteristics. It is more than probable that the observation of Ehrlich, made upon animals, may have an important bearing upon the phenomenon in human beings. —*Medicine.*

The Role of the Blood-Supply In Mental Pleasure and Pain.

W. R. Dawson (*Medical Press*) sums up the results of his inquiry into this subject as follows :

1. The emotional state produced by brain anemia when gradual in onset, not too profound, and of some duration, is depression.
2. Anemia of rapid onset and considerable degree tends to produce convulsions and excitement.
3. The characteristic feature of the general circulation in mental depression is high arterial tension, which helps to maintain, if it does not cause the painful mental state; but there is no conclusive evidence of the condition of the cerebral circulation.
4. In mental depression the blood is impoverished.
5. Under experimental conditions high oxygen tension in the blood supplied to the nerve cells produces excessive action and possibly exhilaration, but there is no real evidence that such symptoms are ever due to this cause under ordinary circumstances.
6. The characteristic feature of the general circulation in excitement, and probably in exaltation, is low arterial tension. Here, again, there is no direct evidence of the state of the cerebral circulation.
7. This low arterial tension helps to maintain, if it does not cause, the mental state.

The speaker concluded by deprecating a hard material conception of psychology except in the limited sense defined at the beginning of the address, and by urging the importance of psychological observation on the part of the general profession.—*Med. Age.*

Postpartum Hemorrhage.

Currie (*Boston Med. and Surg. Journal*, November 16, 1899) summarizes the treatment of postpartum hemorrhage as follows :

1. A knowledge of the source of the hemorrhage is necessary to insure intelligent action.
 2. All rents, when easy of access, should be repaired at once.
 3. If the body of the uterus is contracted and bleeding excessive and in all cases of hemorrhage following placenta previa, the whole cavity should be tamponed at once.
 4. If this is not successful, or if the hemorrhage is constant and not excessive, secure the bleeding vessels, and, if possible, repair the injury.
 5. If atony exist and hemorrhage not excessive, use external and bimanual compression of the uterus, followed, if necessary, by hot water, vinegar or acetic acid.
 6. If not successful or if atony exist with excessive hemorrhage from the outset, tampon at once after using hot water.
 7. Give morphia hypodermatically to check the hemorrhage, and stimulants, strychnia, and auto-infusion to overcome the effects of the hemorrhage.
 8. To prevent anemia, use saline solution, preferably per rectum or hypodermatically. May use saline solution by infusion also, if necessary.
- Of great importance is the after-treatment of these patients. Recovery from the hemorrhage does not mean recovery of the patient. They require most active treatment; the acute anemia is first combated by saline infusions, but tonics and careful feeding are essentials to good results, if these women are to nurse their offspring. — *Louisville Monthly Journal of Medicine and Surgery.*

Book Reviews.

The International Text-Book of Surgery.

By American and British Authors. Edited by J. COLLINS WARREN, M.D., LL.D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital; and A. PEARCE GOULD, M.D., F.R.C.S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England. Volume I—General and Operative Surgery. With 458 illustrations in the text, and nine full-page plates in colors. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900.

It will perhaps be remembered that this book was published some months ago, but that the edition was called in on account of the discovery of procedures on the part of one of the contributors that the publishers refused to countenance. Such an act of generosity and fair-mindedness certainly deserves the thanks and financial support as well of the medical profession, and is evidence of the attempt of the house to deal justly with its subscribers. The volume under consideration is worthy of the highest commendation, not only for the clearness and thoroughness of its articles, but also for the generous illustration which goes so far toward explaining the text. A chapter on surgical bacteriology comes first, and it is to be noted that the typhoid bacillus, coli commune, gonococcus, pneumococcus, and the bacillus of bubonic plague receive notable mention. Following articles on inflammation and its phases is a chapter (IV) new to surgical text-books, of great value, and of which, indeed, too little is known—the surgical pathology of the blood. At present there is probably but one great surgeon who places any great degree of confidence in blood findings (Mikulicz); “the examination of the blood throws so much light upon the condition of surgical patients as to make it a useful rule that every patient’s hemoglobin should be tested once a week.” So impressed has Mikulicz been with the value of blood-examinations that he has made it a rule never to operate when the hemoglobin is under 30 per

cent. By its aid the diagnosis between “shock” and concealed hemorrhage can be made in a few minutes, appendicitis can be differentiated from typhoid (Widal reaction and white count), deep-seated suppuration revealed, evidences of tuberculosis and malignant disease readily discovered, to say nothing of the quick diagnosis of the blood-diseases proper. It is sufficient to state that this chapter has been intrusted to Dr. Richard Cabot. The full-page colored plate on “Leucocytosis” is the best and the most true to the ordinary microscopic pictures that has ever come to the attention of the reviewer. In speaking of the constitutional reactions to wounds and their infections, the writer has attempted too much division; his differentiation between sapremia and septic intoxication is not convincing, nor is it generally recognized by clinicians; an addition of “septicopyemia” is needless. Most valuable, however, is a differentiation between otogenic pyemia, typhoid, and acute miliary and meningeal tuberculosis. Good as are the earlier portions of the book, the latter half is much superior, allowing as it does, from the very nature of the topics, more room for the personal equation and experience; the latter part, too, is filled with new and excellent illustrations, of which the X-ray photographs form an important part, particularly in the discussion of fractures. The chapter on tumors is particularly to be praised for its terseness, though no important feature is lacking. Fractures and dislocations are treated fully, the special article on dislocation of the hip being probably the most notable in the book. Of particular importance are the chapters on orthopedic surgery. Among contributors may be mentioned Warren, Cabot, Van Hook, McBurney, DaCosta, Bland Sutton, and Pilcher (fractures).

Altogether, it is a book that presents in a clear and concise manner the essential facts in pathology, symptomatology and diagnosis of modern surgery. The appearance of the second volume on “Regional Surgery” will be awaited with great interest.

M. A. B.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Metchnikoff's Elixir of Life—Broca's Seven Serums for the Seven Capital Sins—More of the Glories of Serotherapy—Panaceas for All the Diseases and Errors Drawn from Spavined Horses.

We find more and more wonderful discoveries in our French medical journals—scientific discoveries, too, like those imported from Berlin. The popular journals of the day herald these new things abroad, and make no charge for this gratuitous advertising of very, very patent medicines. We read lately that Metchnikoff, the learned naturalist (?) of the Pasteur Institute, had found a means of arresting senile decrepitude and prolonging life almost indefinitely. As some of our warm Indianapolis admirers wish we were dead we shall presently send for some of this wonderful elixir of life, so that their agony may be prolonged. But we digress.

It is the old story of phagocyte cells renewed. A serum, the preparation of which is not made public, gives new courage to the average bacteriologist in the fond but delusive hope of sustaining a rapidly fading reputation for medical veracity yet for a little time. Let us then, for the mere purpose of argument, pretend that we deeply appreciate this new scientific (?) medical discovery, without waiting for well-weighed facts, discussed and controlled by human reason.

If we deplore the fact that daily political sensational journals applaud such brilliant serotherapeutic displays, we need not unmask the hypocrisy if an ever-credulous mass of humanity is made more happy by the possession of the delusion of hope. Let us briefly glance, then, at Metchnikoff's work as it appeared last year in the *Archives de Podwyrotzky*.

"Unicellular organisms are immortal, since they are reproduced by indefinite division. In complex organisms only sexual cells are immortal."

If this be true, how is it that other cells become senile and die?

Senility is accompanied by atrophy of the organs. Among the old this atrophy is not general; the blood is regenerated, the epithelium proliferates, all wounds cicatrize as normally. Senility consists, before all, in an atrophy of parenchymatous elements, with hypertrophy of interstitial tissue from true irritation, that always provokes a multiplication of fixed cells, afterwards a sclerosis that chokes or suffocates the nobler elements.

The first organs that atrophy and die are the ovaries, that become invaded with connective tissues at the period of the menopause. The same thing occurs, on a little different scale, in the testicles. The same as in the nervous tissue the neurologon chokes the neurons; in the skin the elastic tissue is changed into apparent wrinkles, the arteries undergo changes, in the spleen the corpuscles of Malpighi are atrophied.

Why does this atrophy and proliferation of tissue occur? Listen now to the very wonderful Metchnikoff:

"It is probable that senility results from a struggle between the different elements of tissue, a struggle that with age grows more intense. The microphagi, transformed into connective tissue, remain victorious; phagocytosis is the latent power. Of all the organs exposed to this combat, the ovary is the least resistant. The nerve cells come afterwards."

When we think of the innumerable toxic substances passing through the organism, we can well understand the weakening of the nobler cells and the predominance of the phagocytes. Thus senile atrophy becomes only a kind of microphagitis, inducing the disappearance of the nobler elements, that become incapable of defending themselves. The weakening of these elements precedes their being thrown together by the phagocytes. But of what interest is all this? Presently you will see the Pasteur Institutes selling the new "Elixir of Life" prepared by Metchnikoff, warranted to turn old age to youth in one week, making a Mormon elder out of the most pronounced Puritan. The

rest of the remedies for "lost youth and manhood restored" must fade before this new discovery, that will be sanctioned and certified to by the same lot of so-called regular medical dummies, who worship at the shrine of anything new, especially if it bears a European brand, at five dollars the bottle, one bottle every two hours. Let us rather recommend the "Elixir of Old Bourbon"—it tastes less of the horse. Yet speaking of horses reminds us of a story that lately went the Parisian rounds regarding Broca and the seven venial sins, for let us assure you, dear brethren, that all sins can now be covered without the use of religion by a strictly serotherapeutic diet, if we are to believe the statements made by the modern magicians of the organo-chemical horse laboratories.

Broca has lately discovered a method for curing drunkenness by injecting the organism of tipplers with a few cubic centimetres of serum taken from a horse that had previously been artificially accustomed to the use of intoxicants. We fail to see any originality in this discovery of Broca's, since English and American medical journals contained notices of a similar discovery made by some California *savant* (?) over a year since; in fact, the LANCET-CLINIC contained a very poetical and pretty editorial notice of this discovery, that awakened the anger of several erudite germ-hunters at the time it was published. Now that Broca speaks, however, such *savants* will listen more than usual with their long ears. But we digress again. Where were we at? Ah, yes! Broca. Let us telephone him.

"Good day, Broca!"

"How are you?"

"You appear to be ravished, Monsieur Broca."

"With what, good God?"

"The great public press being behind you!"

"Ah! do not mention it. I am grief-stricken at such newspaper notoriety. Those devilish newspaper reporters mixing up in scientific medical matters!"

"Yet they are shouting your praises,

Broca, and many a weak-minded American doctor believes in you, too. Ah! Broca, if you were only from Berlin, a real little German—*germ man*! Do you really feel sad that the public press honors you, Broca?"

"I only complain that it comes on one too soon, for I have only made a few little experiments—only a few—so far."

"True; but they are promising, are they not, my dear Broca?"

"Yes; but wait awhile and see."

Saying this we can imagine Broca taking on an ecstatic air, that he knows how to assume so well, as he answers in his southern French dialect. But let Broca resume this long-distance telephone conversation.

"It is not only one serum that I am hunting for, but seven."

"Seven!"

"Yes, the seven serums that shall cure humanity of the seven capital sins. Do you know any medical laboratory that will buy my American rights for these patents?"

"An excellent, *capital* idea, Broca!"

"You should see my horse, all saddled with gold-decorated harness, jingling hawks' bells and waving plumes. Soon my noble steed will be no more. I shall sacrifice him for the good of science and humanity. He will furnish me an excellent serum, that shall cure men, particularly doctors, of pride. I have another horse whose serum will cure attacks of anger."

"You astound me!"

"Yet nothing is astonishing when medical men believe in it."

After this long-distance telephone message we visited another bacteriological sharp in his laboratory.

"Ah!" he exclaimed, "will you still proclaim the fallacy of our noble school of medical science? For only see, not satisfied with bringing comfort to humanity, our science moralizes no less on modern religions, that are to be improved by serums. There is your Broca. Brave man, it is true, but he makes me weary trying to find midday at fourteen o'clock. I, too, have discovered serums in my laboratory, but I do not torment noble animals like the horse to secure

such boons for suffering humanity. I adore horses, particularly the Kentucky-bred ones, those 40-to-1 shots that always win when the jockeys and owners are ready. I meet antidotes in all kinds of other animals and insects. Why does not Broca use my serum that cures idleness? Why does he not inject, for example, the serum taken from the dormouse? Why not, for pride, the serum of the peacock; for the stealing mania, the serum of the magpie; for drunkenness, the serum of the thrush, always as drunk as a fiddler?"

"What for envy, my dear Brunetierre?"

"Frog serum."

"You remember the fable of the ox and the frog?"

"Ah! but that was a fable."

"True; but *so are all these serums.*"

Function of Medical Schools.

Professor Charles Sedgwick Minot, of the Harvard Medical School, de-

livered the annual address to the Yale medical seniors on June 27. He said:

"We are brought to the conclusion that though the primary function of our medical schools is to educate practitioners of medicine, yet they ought to assume now the further and higher function of training medical investigators. The requirements of comparative medicine call for more changes than we have yet mentioned. The very word comparative implies that animals shall be included in the study."

—*Med. Times.*

Shock.

Shock is apt to be marked in gunshot wounds, especially when free comminution of bone results from balls moving at high rates of velocity. While abdominal wounds frequently show pronounced shock, I have seen instances with serious visceral complications showing practically none.—C. B. NANCREDE.

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WHOLE VOLUME LXXXIII.

Original Articles.

ETIOLOGY OF LOCOMOTOR ATAXIA.*

BY DAVID I. WOLFSTEIN, M.D.,
CINCINNATI.

The announcement of the title of this paper almost carries with it, I fear, the conviction that no new light is to be thrown upon the subject. My object is merely the review of the present theories of causation of this remarkable malady, in order to arrive at some mutual understanding of the relative importance of the various alleged etiological factors. The battle-ground upon which I shall lead you this evening is one already strewn with evidences of many a previous struggle under a leadership on both sides so far superior to mine that it almost appears presumptuous in me to renew it. In addition to a discussion of all the probable causes of this mysterious disease, I wish especially to consider the position in its causation which should be assigned to syphilis. I wish to state in advance that I am desirous of showing that syphilis is over-rated in this particular. It seems to me that this discussion may be taken up in this community, as it has already been in others, inasmuch as the view is constantly gaining adherents that locomotor ataxia is a syphilitic disease. Whilst in the profession a proper critical reserve is often maintained with reference to this belief, among the laity the conviction is becoming too common that a tabetic has been a luetic. The unfortunate victims of this progressive and practically uncontrollable disease must, in addition, bear the odium at-

tached to syphilis. It is no unfair statement to say that the majority of the profession and of neurologists considers tabes in most instances as a late manifestation of syphilis. Fournier was the first observer to state emphatically, in 1875, that syphilis was the cause of tabes, though one or two others had previously casually stated that there might possibly be a causal connection. This was not surprising when one reflects upon the innumerable and totally antagonistic affections that have at one time or other been laid at the door of syphilis. It would be idle to enumerate them here. Fournier's assertion was, however, received with much satisfaction, first, because of the profound respect entertained for his accurate powers of observation and the overwhelming effect produced by his enormous material; and secondly, because a vista of a new therapeutic avenue was presented, all the more fascinating as every other road had led only to failure. In Germany, Erb may be considered the especial champion of Fournier's view, and in England Gowers has been its most prominent advocate. Leyden may be named as the most renowned antagonist. The newly aroused hopes created by the introduction of specific therapy were soon extinguished by the dismal succession of complete failures which followed its general employment.

Before weighing the evidence for and against lues, it may be well to enumerate the other supposedly active causative agents.

HEREDITY.

First comes heredity. There is very little to prove that tabes, as we understand it in the adult form—that is, genuine tabes—is hereditary. There

* Read before the Academy of Medicine of Cincinnati, January 15, 1900.

have been a few cases of tabes in children, and it must not be denied that in some of these there was evidence of congenital syphilis, but they are few and inconclusive. Durante has reported a case wherein a fetus at birth, which lived a few moments, showed a degeneration of the posterior tracts, but it is impossible to assert that this case would have developed into tabes, inasmuch as such degeneration may have been part of some other process, *e.g.*, Friedreich's ataxia, or, indeed, merely an expression of disturbed nutrition. The case gave no luetic history.

Kalischer mentions one instance of a fifty-one-year-old mother and her twenty-seven-year-old son, both tabetics, with no evidence of lues. In another case a mother and her seven-year-old daughter were tabetics, but here there was a history of cerebrospinal lues. These early forms resembling tabes are, I think, best regarded as forms of spinal syphilis, syphilitic meningo-myelitis, or Friedreich's ataxia, though, of course, an occasional case is no doubt actual tabes.

As attractive as it would be to look upon Friedreich's disease is an hereditary type of locomotor ataxia, there are differences irreconcilable both with the anatomical and clinical picture of tabes adutorum, so that this subject may be dismissed.

Heredity, therefore, in the sense of a congenital developed form, is not worthy of consideration, but in the sense that an individual may bring with him into the world a nervous system predisposed to tabes a few words may be said. This will present no specialized form for tabes, but will be part of that condition which we recognize as the

NEUROPATHIC TENDENCY OR DIATHESIS.

Many writers assume a congenital weakness of the central nervous system to exist. This is a condition precedent, and is really not much else than the old theory of "*locus minoris resistentiæ*" in a modern garb. It is not any specially localized lesion, but rather an essential congenital inferiority of the

nervous tissue unable to oppose with sufficient resistance a variety of possible insults. If we are willing to accept this very elastic hypothesis, and it appears that at present we must, it may help us to explain the advent of grave nervous maladies due apparently to certain insults in individual cases, which are utterly powerless to affect the majority of us, even when these same insults are operative in far greater force. In such predisposed persons severe infantile diseases, various excesses in venere, in Baccho, overwork, or syphilis, readily act as exciting causes. In the nervous system, as in tuberculosis, we must assume the presence of the "fertile soil," for even where we are dealing with such a positively known *morbus causans* as the bacillus tuberculosis we are blocked at the very threshold unless the influence of predisposition be admitted. Where any alleged cause, or causes, operate universally, and immunity, or escape, is the happy fate of the majority, then tendency, or predisposition, becomes an indispensable factor in etiology. Therefore, even in tabes, the most zealous advocates of lues must acknowledge predisposition as an accessory element, else all syphilitics would be tabetics. The only point of difference is as to its relative importance. With Möbius predisposition is an important accessory, but he considers lues to be the usual exciting cause. Borgherini, on the other hand, advances this predisposition to the dignity of a real factor, and this being present one exciting cause is no more potent than any other. In certain cases this appears as the only assignable explanation. Thus Sängner reports a case, very unique, of pure tabes in a thirty-eight-year-old *virgo intacta* with neither lues nor any other cause apparent.

EXHAUSTION.

Tabes, as is well known, may occur in exhausted conditions, and certain cases are hard to classify. Kende reports two cases in laborers over sixty, both in a very miserable state of nutrition, which he looks upon as due to senile marasmus. There was no lues,

but excesses in Baccho and venere probably. It is not easy to define what constitutes excess in this regard.

I shall have occasion to mention later how degenerations resembling those of tabes may follow severe anemia, pernicious anemia, etc.

A remarkable condition closely allied to tabes, and in which it is difficult to say whether we are dealing with the factor of exhaustion or toxicity, is the so-called diabetic tabes. Diabetes, of course, powerfully depraves the tissues generally, as shown by gangrene, caries of the teeth, and other trophic disturbances. Not infrequently in diabetic cases there is loss of the knee-jerk, ataxia, sensory disturbances, and in a few instances genuine tabes has supervened. The lost patellar reflex may, of course, be the result of a peripheral neuritis, but in one case at least of diabetic tabes Leichtentritt has shown the characteristic anatomical cord changes. It is rare, however, to find these alterations limited to the posterior tracts (Kalmus). In the two specimens that I have seen the lateral tracts were also involved. As said, these degenerations may be either the expression of degraded metabolism, or the result of the direct toxic action of some circulating poison of chemical nature peculiar to the diabetic process. This leads over naturally to the

TOXIC GROUP.

This comprises ergot, lead and nicotine tabes, possibly a few others. The well-known cases due to ergot poisoning occurring endemically are very interesting, inasmuch as it is thus shown that a poison exists with a specific affinity for the posterior spinal nerve roots and the posterior tracts. Ergot tabes, however, is an acute affection without any of the progressive character of genuine tabes. Lead poisoning was the only probable factor in a case of tabes reported by Redlich in which lues had not been present.

EXPOSURE, COLD AND WET

are probably responsible for a few cases. There is no adequate explanation. We must adopt the current theory

of the deleterious action of cold, especially sudden refrigeration, *i.e.*, the assumption of a "*locus minoris*," cutaneous vascular constriction, with localized internal hyperemia at the weak spot; or that the cold alters tissue resistance so that the action of bacteria, or their toxic products, is favored. Hitzig considers that tabes in every instance is the result of an infectious process set up in the areas generally selected by tabes, and places cold in the same class with syphilis and other factors as an exciting cause.

TRAUMA.

This appears as a factor in a few cases. The literature records cases which point unmistakably to this element, cases where the tabes appeared to develop quickly after an injury, and in which other factors could be excluded. Thus Lammers reports the case of a man, aged thirty-nine years, who suffered laceration of the thigh muscles. Patient was able to work in four weeks, but after a few days had to stop on account of great pain. Seven months later there was ataxia, but slight; ten months after injury there was pronounced ataxia, weak knee-jerk; and two months later still loss of knee-jerk and the usual signs of tabes. No history of lues.

Trauma, of course, can only produce tabes where the condition precedent is already present, but our present views of the pathology of tabes (which I reserve for a later paper) make clearer how continuous irritation, or even sudden violence, may give rise to secondary cord lesions. Now that we know the anatomy of, and inter-dependence of the sensory system, it is easier to understand that the starting-point of a tabes may be at the periphery. It appears that a lesion of the peripheral sensory fibres may involve the ganglionic cells of the posterior root ganglia, which are their trophic centres, and through these, *and even possibly skipping past them*, affect the central fibres. Each ganglion cell of the root ganglion sends out two fibres, one of which, the peripheral, passes outwards to the skin; the other, the central, inwards to the cord. These

central fibres, which are, of course, the posterior nerve roots, enter the cord, and for the most part run upwards in, and, indeed, practically form, the posterior cord tracts. Injury, therefore, at the skin end, to the peripheral fibre, or to the root ganglion cells, or to the posterior root fibres between the ganglia and the cord, or, finally, to these fibres during their intramedullary course, may all produce tabes. Some objections may be urged against this view, but I merely advance this much in explanation of the possible origin of tabes in some cases.

The mode of action of trauma is hereby explained, and we are, I think, justified in ranking it among the probable causes. Lesions, therefore, of sensory cutaneous nerves, of mixed peripheral nerves, possibly even of motor nerves, and, indeed, if Batten's observations regarding the existence of the nervous muscle-plates, or muscular sensory end-organs, be correct, even lesions of muscle may be the initial lesion of a tabes.

GONORRHEA.

In very many cases we can obtain a history of a simple or complicated gonorrhea. Possibly a few cases of gonorrhea were really syphilis. Some writers believe gonorrhea to be a possible cause. If we adopt statistical arguments it would be very easy to prove a connection, and it is a question if we are not on as *sure* ground as in the case of lues. Firstly, we *know* the cause, and, furthermore, *know* that it has been found widespread in many of the organs, and by Petrone in the blood; secondly, it does produce arthritis, and extensive peripheral neuritis—why should it not also invade the cord?

Hermanides relates a case of a personal friend of forty-three whom he had known since his fifteenth year. Lues could be absolutely excluded. In his twenty-ninth year patient had a severe case of gonorrhea. Four weeks later there developed a left, then a right sciatica, with pains of obstinate and lancinating character. Six years later he had ataxia, gastric crises, paresthesias, anesthetics, loss of knee-jerk, pupillar rigidity and vesical paresis.

The patient himself looked upon his gonorrhea as the cause. Other cases might be cited, but this is a sample.

EXCESSES IN VENERE AND ALCOHOL

have also been made to act as causes, especially the former; indeed, from the mildest neurasthenia to progressive paralysis we are constantly confronted with this alleged factor. Inasmuch as tabes so often singles out robust men—men, too, with a promising sexual future before them—it is hard to arrive at anything conclusive. Sexual over-indulgence is so common, and in so many instances the penalty meted out is not visible this side of the Jordan, that it is over-estimated, in my judgment. The argument advanced is the usual commencement of the process in the lumbo-dorsal region in close proximity to the genito-spinal centre for erection, ejaculation, etc., which centre is connected to the genital organs by fibres “predestined to intense and frequent irritation,” and that such stimuli might pass upward in excess, and finally produce degeneration by over-exhaustion. If this theory were correct it could not explain the cervical form of tabes, where the lower cord-levels are not implicated; nor those cases which in the beginning of the tabes show exaggerated sexual activity; nor those cases, finally, in which impotence appears very late or not at all.

In the foregoing the various factors have been named, and to each I have tried to attach its relative value. No one of them is entitled to the dignity of a specific cause, nor can either of them, in and of itself, explain satisfactorily a single case, unless for each the additional factor of predisposition be employed. We shall now see, I think, that we cannot invest syphilis with any greater power than is herein embodied, although it may appear to be operative in a greater proportion of cases. The principal argument in favor of the syphilitic etiology is the statistical, for there is no gainsaying the fact that in a large number of cases we obtain a previous history of lues. These statis-

tics of different compilers vary, one might almost say, with the activity of their partisanship. Thus, lately, Fournier has published a list of 5,167 cases of syphilis, of which 758 cases were confined to the central nervous system, and of these 758 cases, 628 were tabes—a startling preponderance. Reumont, on the other hand, found in 3,600 cases of syphilis, 290—8.5 per cent.—of nervous disease, of which 40 cases—1.4 per cent.—were tabes.

I shall read a few figures to show this great variance in statistics:

Erb, probably the most enthusiastic champion of the rôle of lues, obtains a record of 92½ per cent. syphilitic out of a total of about 600 cases.

Déjérine even shows 97 per cent.

Senator and Mendel, 70 per cent.

Bernhardt, 60 per cent.

Gerhardt, 50 per cent.

Naegeli, a firm opponent, shows, in 1,043 cases, 46 per cent.

Oppenheim, who is not positive, 30 per cent. in 100 cases.

Topinard, in 114 cases, 14 per cent.

Mayer, in 19 cases, none.

Kende and Storbeck have just published excellent articles taking ground against lues, and obtain percentages of 50 per cent. and 30½ per cent. respectively, but Kende says that in his series of 54 cases, whilst 15 gave a history of lues, and 9 of lues and blennorrhœa, he himself was certain of the diagnosis of lues in only 4 cases.

Collins, in this country, gives about 75 per cent.

Statistics, then, is the weapon which has given to syphilis its position. This position, therefore, may be attacked in two ways: first, by showing the difficulties attaching to this statistical procedure; next, by advancing counter-arguments of different nature.

With reference to statistics in syphilis great reserve must be maintained. Nothing is more difficult than to obtain a trustworthy history of lues, as in the attempt every characteristic of human nature, from unsuspecting ignorance to deliberate deception, may be encountered. In the lower walks of life patients are often unable to state, denying or affirming, it has often seemed to

me, in deference to some suggestive influence of the physician. Some will admit having had a sore, but cannot remember whether there was one or several, so that undoubtedly many a case of *ulcus molle* has gone into the list as a true chancre. This does not disturb the syphilophiles, for when it is a question of a high percentage soft and hard sores become identical. In other cases where there may have been a simple abrasion on the penis, with no secondary symptoms, if a tabes develop later the abrasions attain to the importance of an initial chancre. Again, any roseola, or sore throat, rheumatic pain, enlarged gland, or periosteal node, or night headache, is accepted as evidence of lues, often without the least critical analysis. In hunting for anatomical remains of lues it is extremely difficult to say whether any of these unmistakably indicate lues. Scleradenia, Kaposi himself says, may follow such different conditions that no one could positively declare glandular enlargement to represent previous syphilis. And nevertheless, if one enlarged epitrochlear gland can luckily be felt, the case for some observers becomes suspicious, and a suspicious case is a settled case for syphilis. As to scars on the penis, a hard chancre is very apt to leave no scar at all, and herpetic or other simple abrasions may leave scars. Even if there has been a primary sore of indefinite character, and treatment has been postponed until the appearance of a supposed secondary roseola, or if the case be first seen when a suspicious skin eruption has appeared, there is still room for doubt, for I have seen excellent dermatologists disagree in the diagnosis of just such eruptions.

The general practitioner, too, and even the specialist who has the patient's welfare and his own reputation in view, very often gives the patient and himself the benefit of the doubt by proceeding as follows: Often constitutional treatment will be instituted where there has been a suspicious sore without waiting for the roseola; or the required interval is allowed to pass, and if the secondary symptoms fail to appear internal treatment is still commenced, "to

be on the safe side." Neither the doctor nor the patient ever knows positively whether syphilis was really present, but if tabes ensue ten or fifteen years later, and the question be asked by the new physician, any answer, doubtful or positive, puts the case into the syphilis row. In a given case, therefore, there are many factors to be considered before we should feel inclined to accept a luetic history as authentic. The presence of a primary sore is not enough; the fact that an inunction series, or potassium iodide treatment had been undertaken, is not conclusive; and lastly, the so-called persistent lesions of syphilis, including the papillar enlargement at the base of the tongue, are of quite doubtful value. In women the question as to miscarriages will be asked, and a positive answer gives the case to the syphilis-gleaner. Abortus is, of course, a good sign of maternal lues, but it is by no means infallible. Among more intelligent patients lues will occasionally be denied where it has actually existed, and, on the other hand, I have seen two tabetics present themselves with the statement that inasmuch as they had tabes, they must have had syphilis, though they could not recall it.

How are the great variations in statistics to be explained? In the first place, this discrepancy is an inherent evil of the statistical method itself; secondly, there is the inevitable bias towards the pet theory and the wish to make "the figures and facts fit;" thirdly, there are peculiarities in the composition of the clientèles of individual physicians. Thus Fournier, who sees so many syphilitics in his special work, would naturally see more cases of tabes who have had syphilis.

Naegeli found among 1,450 non-tabetics that in $22\frac{1}{2}$ per cent. a previous history of lues could be obtained, and is inclined to place the general distribution of syphilis at this figure. Whilst Naegeli's percentage is undoubtedly too high, still in interpreting any series of figures it should be remembered that among civilized races the number of people who have had syphilis ranges from fifteen to twenty in the hundred, in all probability. Storbeck, writing

from Leyden's clinic, found in 108 cases as follows: Syphilitic 20.3 per cent., uncertain 21 per cent., non-syphilitic $58\frac{1}{2}$ per cent.; and if he accepted his uncertain cases as syphilitic, then his percentage was syphilitic $30\frac{1}{2}$, non-syphilitic $69\frac{1}{2}$ per cent. Thus his highest percentage, which I think represents honest interpretation, is only $8\frac{1}{2}$ to 15 per cent. more than the general distribution of lues, and this plus is readily explained without assuming any direct causal relationship between syphilis and tabes. As regards statistics, if they are honestly made the adverse ones deserve the same trust as do the favorable ones.

What, now, are the counter-arguments? If tabes is a syphilitic infection it must undoubtedly be considered as a tertiary form, but it presents not the slightest resemblance. Tertiary, or visceral syphilis, is a pathological process in which we have either arterial changes leading to thickening of the walls and diminution of calibre, or localized tissue proliferations, either nodular or diffuse; in short, chronic inflammatory processes with exuberant cellular growth, and subsequent interstitial overgrowth. All modern pathologists look upon tabes as a *primary degenerative process* in sensory elements, and not at all inflammatory in its nature. Degeneration of this noble nervous tissue causes defects which in time are filled in compensatorily by a proliferation of the glia tissue. We have no evidence that syphilis ever produces lesions of this type. The evidence offered by post-mortem material is not in favor of the relationship. A very small percentage of cases of tabes shows any accompanying syphilitic manifestations. Visceral syphilis is never accompanied by tabes, nor in tabes do we find visceral syphilis in any other organs (Virchow).

The friends of syphilis also advance the argument that it is in the improperly treated cases where specific medication was not employed, or inefficiently employed, that tabes is apt to appear. In cases of this category we should certainly expect, instead of tabes, visceral or tertiary manifestations, for it is to ward off just these destructive tertiary

lesions that we push our specific treatment. Others assert that even in cases which have been thoroughly treated tabes may nevertheless appear. Now it does not seem reasonable to me, if we flatter ourselves that we accomplish anything at all by antisiphilitic treatment, surely the pride of therapeutics, that if mercury and potassium iodide are able to ward off visceral syphilis, the very gravest form of the syphilitic virus, with unlimited capacity for destruction, that we should still be unable to prevent the occurrence of tabes, or influence it after it has once appeared.

These manifest inconsistencies force the partisans of lues to other hypotheses. Fournier's view that tabes is a tertiary form of syphilis modified by the histological peculiarities of the cord, and therefore reacting negatively to specific treatment, is certainly untenable, inasmuch as we do have a spinal syphilis attacking the cord in all constituents and areas, showing no such marked special predilection as does tabes, and far more amenable to treatment. Other writers evolve other hypotheses. Thus Möbius does not consider tabes as a tertiary syphilis, or, indeed, as a form of syphilis at all, but calls it a metasyphilitic infection or process, *i.e.*, the syphilitic virus results in the production of a disease due to, but still different from, syphilis.

Hitzig invents a new form of syphilis, which is represented by tabes, and calls it the quaternary from.

Strümpell speaks of a postsyphilitic infection—of a syphilotoxin which localizes in the cord and produces tabes. Considering that we do not know that syphilis is due to bacteria, nor that the syphilis virus is at all of the nature of bacterial toxins, this view is entirely unjustifiable. Surely, we have no analogous infectious disease where a toxin may be dormant anywhere from ten to forty years after a supposed infection, and then produce a progressive degeneration like the tabetic.

Another difficult argument to combat is the behavior of tabes to specific medication. If the syphilitic virus goes on increasing in potency, so that in the tertiary period its damage is greater

than in the previous periods, this potency is certainly not diminished when it produces tabes. Now if we are calm and confident in the presence of this virus, even in its dreaded tertiary form, why are we so dejected and hopeless when we encounter the metasyphilitic, postsyphilitic, or quaternary syphilitic tabes? The answer usually given is that mercury and potassium iodide are specifics for the true virus of syphilis, but not for this modified syphilo-tabetic virus. *If tabes is not syphilitic, but only metasyphilitic or postsyphilitic, I think it just as well to stop begging the question and call it by its right name, non-syphilitic.*

Only zealots will claim cures of tabes from specific treatment. Occasionally a temporary improvement may be noted. I have at present one such case wherein I employed it, for I do not think that a course of mercury and potassium iodide is at all harmful. After four months of peace a severe attack of lancinating pains disturbed any pleasing prognosis I may have formed, and two or three more similarly unexpected thunder-claps will no doubt annihilate the patient's present condition of euphoria.

Kende has seen improvement follow when non-luetic tabetics were given mercurial inunctions, and has also seen temporary betterment in syphilitic tabetics after inunctions of zinc oxide. Kende mentions the following instructive case:

R. M., father of nine children, aged fifty-nine. When twenty-nine had an ulcer which healed in four weeks without secondary symptoms. During last year has had a gumma on lingual margin. Has also incontinentia urinæ, loss of knee-jerk, Romberg, amaurosis and hypæsthesia, *i.e.*, tabes. After inunction rapid disappearance of gumma, no influence whatever on the tabes.

There are, of course, occasional marked improvements. Leyden and Kalischer ascribe these to one of the following circumstances:

1. Spontaneous remissions which naturally occur in the course of a progressive malady like tabes, there being periods when the disease remains apparently at a standstill.

2. (a) General improvement in nutrition and metabolism often follows the use of mercury and potassium iodide.

(b) Suggestion, to which tabetics are extremely susceptible. They wander from physician to quack, and back again, in search of relief, and are credulous to a ludicrous degree. I know of one case that traveled two thousand miles across the continent to be treated with arc-light baths.

3. False diagnosis. Tabes is sometimes diagnosed when we are really dealing with pseudo-tabes syphilitica, syphilitic meningo-myelitis, etc. Such cases may, of course, respond favorably to specific treatment.

Another interesting phase of the question is that of the supposed identity of dementia paralytica and tabes dorsalis.

There are a few writers who look upon progressive paralysis as a *tabes cerebrales*, and who consider it and tabes dorsalis as identical processes, only differing in localization. Dementia paralytica is often due to lues, locomotor ataxia is also due to lues, hence it is declared that in both there is a common etiology and pathology. This theory will not bear close inspection. It is true that in a few cases of dementia paralytica a symptom-complex like the tabetic has been associated, and the converse is also true, that spinal tabes has been followed by so-called cerebral tabes. However, in a recent discussion before the London Pathological Society, Gowers said "that he regarded the question of the identity of tabes dorsalis and general paralysis as rather one of words, for whilst all could see that some examples of each disease presented exactly the same signs and symptoms, no amount of common causation could create identity of disease which differed so widely in every manifestation as the cerebral form of general paralysis and the pure form of tabes."

There are clinical points of difference, and even anatomical, for an expert can readily determine that the cord changes in tabo-paralysis present a different picture from those of the ordinary tabes. In both diseases there is undoubtedly great similarity in the

underlying pathological process. There is in both affections a primary degeneration of nervous elements, ganglion cells and fibres, with secondary proliferation of the neuroglia, but there is, as said, *neither clinical nor anatomical identity*. If we once admit that the sensory system—that is, the afferent apparatus conducting external impressions inwards—is a continuous circuit from periphery to cortex, even though interrupted at several stations, there is really no cogent reason why a spinal process should not occasionally merge into a cerebral. I mean to say that, whereas, in a tabes, as a rule, the upper limit of the process is in the endings of the long tracts of Goll and Burdach, the nuclei of the posterior tracts, why should not the process pass through these and along the fillet and cerebral sensory tracts to the thalamus opticus, and from here finally to the cortex? Similarly, why should not the same process in a so-called cerebral tabes occasionally travel downward from the cortex along these parts to the cord? That this so rarely happens is good evidence for the neuron theory, even admitting its weak points. If the nervous tissue represented an unbroken continuity, why should pathological processes find limiting points beyond which they do not pass? The answer is because there are stations in the circuit which act as barriers. Therefore, I look upon the occasional association of tabes with general paralysis not as the extension upward or downward of an identical process, but as a multiple localization of two lesions no doubt closely allied in nature. But aside from all this, the final proof that dementia paralytica is a syphilitic infection is still missing. Alcohol and overwork are admittedly potent factors, as well as other causes, and before any clinical resemblance between the two affections is made to plead for causal identity the position of lues in both affections must become much securer. Krafft-Ebing tried to inoculate twelve paralytic demented with syphilis and failed. He therefore argued that inasmuch as all twelve were immune against syphilis, they must have had syphilis previously, and hence that

their dementia was a syphilitic disease. Aside from the thoroughly reprehensible character of these experiments, the certainty of contracting infectious disease is no such fixed or invariable law as Krafft-Ebing's logic implies. There are many instances where inoculation of virulent virus has not been followed by disease; besides, no one can estimate the degree to which civilization has already syphilized us, so that undoubtedly there exists a natural immunity against syphilis. On the other hand, his logic is dangerous, and cuts both ways, for in several reported cases of tabes syphilis was contracted after the onset of the tabes, and the tabes, therefore, could not have been syphilitic, the usual view being that one attack generally confers immunity against subsequent syphilis.

There are other strong arguments which must be brought forward against the syphilophiles. Tabes is extremely rare where syphilis is widespread, and among certain races having a markedly large proportion of syphilis it is infrequent. Dravie Trennen has shown that in certain areas in Arkansas nearly all the negroes are luetic, and that tabes is practically absent among them. The same is also true for Japan. Abyssinia is a happy land, whose inhabitants, according to Goltzinger, are syphilitic to about 80 per cent. of the population, showing also many delightful tertiary forms rarely seen elsewhere. Here tabes is a curiosity. The Kirghiz Tartars, among whom "every other man and woman almost" is a syphilitic, and among the East African savages, who are ravaged by syphilis, tabes is almost unknown. Glück, in a strong article, relates his experience in Bosnia and Herzegovina. He is head of a large hospital in Seravejo, and during the last fifteen years has seen an enormous amount of lues. Syphilis prevails in those provinces to such an extent that in certain hamlets the non-syphilitics were the exception. He saw the very worst forms of tertiary disease, all forms of gumma, bone, laryngeal and liver syphilis, and of the central nervous system, and not one case of tabes did he see. There were very many neg-

lected cases, which, says Glück, is explained by the ignorance and superstition of the people, the vast number of cases and the great paucity of physicians. This ought, therefore, to effectually dispose of the assertion, he says, that inefficiently treated cases are predisposed to tabes. Glück also conferred with several very busy colleagues in large practice and with hospital positions, and who had to examine a great many recruits each year, and their answer was that they had seen almost everything due to lues except tabes.

Another argument against syphilis is the great rarity of tabes among prostitutes, although they are subjects to a great degree of syphilis and gonorrhea. Lewin found in eight hundred syphilitic women five cases of disease of the nervous system, but no tabes.

These are the principal arguments against syphilis. One might also advance the great rarity of tabes among primitive peoples, and its greater prevalence in towns and cities, as pleading for some other factor. One can never estimate the frequency of any particular disease in former and more primitive epochs with any degree of satisfaction. That civilization, with its attendant evils, the unceasing and harassing effect of "the struggle for existence," the pitiless competition necessitated by the attempt to maintain position in our modern society, predisposes to diseases of this class, must be admitted. The very fact that the inhabitants of rural districts, less exposed to the baleful influences of these adverse economic factors, show such marked exemption, and that among highly syphilitic peoples such as the Abyssinians and the Kirghiz Tartars, who are nomads, *tabes is so rare*, seems to indicate the deleterious influence, in this respect, of civilization.

Unfortunately, this paper cannot do more in explanation of the etiology than to advance another theory, which, though largely mere hypothesis, is so full of thought and sound reasoning that I shall crave your permission to present it.

Recognizing the inadequacy of proof alleged in support of the various excit-

ing causes, Edinger has attempted to furnish a common basis in order that their probable mode of action, as well as the nature of the condition precedent, might be better understood. He calls it the "theory of over-exertion," and founds it upon two excellent premises. The first, that of Weigert, maintains that whenever any of the so-called parenchymatous tissues, *i.e.*, tissues of specialized function, are destroyed and disappear, their place is filled always by a proliferation of the so-called interstitial tissue. All defects anywhere are filled in by this tissue, which stands to the nobler tissues as does the weed to the flower. What is known as interstitial inflammation is therefore merely an overgrowth of this subordinate tissue in compliance with nature's demand that the place of the more highly gifted, but less resistant, active tissue be filled in by the hardier, but less valuable, connective tissue. The second premise is that of Roux. This states the same proposition in different terms, *viz.*, that the different tissue elements stand towards each other in the rôle of conflicting forces, each cell and every part constantly struggling for self-preservation, just as one complete organism must be in constant combat to maintain itself. Edinger, admitting his debt to these two hypotheses, then develops his own theory. The active cellular elements are subjected unceasingly to all forms of irritation (*der Reiz*), as a result of which they undergo the consecutive phases of activity, decay and repair. Now the effect of these irritants depends upon their own intensity, and upon the inherent and acquired vitality, *i.e.*, resistance, of the cells. Under ordinary conditions the recuperation of the cell may be said to be dependent upon its function—that is, its capacity for assimilating the elements of its own regeneration is in direct proportion to its own functional activity. Edinger assumes, however, *that under unfavorable conditions the function of the cell becomes itself an irritant*. With various "coarse" forms of tissue irritants we are familiar, but we have only an inadequate conception of imperceptible

irritants of finer grain, but of whose existence we are nevertheless quite sure. Of this latter group are the changes brought about by relative or absolute over-function, and it appears to me merely to represent that which we usually term "wear and tear," or "the constant dropping that wears away the stone." When function, as is usual, leads to the repair and strengthening of the cell, followed by renewed function in undiminished force, we may assume that the loss of substance which succeeds the function is rapidly and completely made good; in other words, compensation is sufficient. Where this compensation does not follow the "damage" (*Begriff der Schädigung*) done the cell by its own function, both loss of function and cellular exhaustion may result.

It is easy to understand that excessive function may lead to cellular exhaustion, cellular death and replacement with tissue of low rank. This is seen in all hypertrophies after loss of compensation. In certain individuals, however, even ordinary functional demands, not extraordinary, will produce cellular exhaustion more rapidly, and when compensation for such "damage" is not readily and instantly made the exhaustion tends to become permanent, and finally cell-death must ensue. This tissue death in the central nervous system (and no doubt elsewhere) constitutes a degeneration—a primary non-inflammatory process. What we term "gray degeneration" may be best considered as a primary exhaustion degeneration. It certainly has nothing in common with inflammation, and is the exact opposite of a sclerosis. Wherever tissue repair or regeneration falls short of the standard of tissue consumption we may, as said before, look for functional deficiency, cellular exhaustion and tissue degeneration. This condition of the tissues will be soonest brought about where inherited or acquired causes have created any special tissue inferiority. Now the results following severance of a nerve, motor or sensory, from its trophic cell are well known. Lesions of this nature, or those consequent upon complete atrophy

of trophic cells, are relatively coarse processes. It is now also well established that lesions of far finer nature than these, lesions which may not even leave anatomically demonstrable evidence, may profoundly alter the function of the neuron, *i.e.*, the nerve cell and its fibre extensions. Irritation applied to any part of the neuron may secondarily involve the other constituent parts.

Edinger tries to apply his theory to tabes. In the first place, as already mentioned, degeneration of the posterior and pyramidal columns often follows cachectic or exhaustive diseases, such as diabetes, grave anemia, pernicious anemia, tuberculosis, carcinoma and morbus Addisoni. It is rather strange that just these systems should usually be involved. In addition, first Mendel and then Fürstner, by rapidly rotating dogs many hours a day to the point of exhaustion, produced similar changes. Lately Edinger, by causing rats to work in a tread-mill for a few months, produced these same degenerations, especially when they had been rendered anemic previously by starvation. In applying the theory we may assume that certain tabetics already possessed a cord congenitally inferior; in others it is more likely that the tissues have been weakened by some acquired disease, so that the cells could not satisfactorily perform ordinary function; in still others excessive function may have led to cellular exhaustion. Thus, whether any particular exciting cause, such as syphilis, will produce tabes in one case or fail in another is better understood.

Edinger tries to make his theory explain some of the puzzling problems of this strange disease. We may demand of this theory—indeed, he says it calls forth the assumption—that in such predisposed individuals those parts should first give way upon which the brunt of this daily function falls most continuously. The apparatus which is most unceasingly in operation is, of course, the sensory or afferent system, which, through its inward conducted impulses, adjusts, as says Spencer, “our internal to our external relations.” Those

fibres which convey the impulses which are concerned in the maintenance of the erect position, and of bodily equilibrium, are no doubt the busiest fibres we have, so to speak. These very fibres, which convey muscle sense and coördination, and which we know course upwards in the tracts of Goll and Burdach, are just the ones first involved in tabes—hence, ataxia is so prominent a feature. Sensory disturbance—disturbance of feeling—is far less prominent than this disturbance of the muscle sensation. The automatic action of the lower extremities involved in locomotion, standing and equilibrium is far more continuous than the less frequent but more highly specialized movements of the upper extremities, and hence the tabes and the ataxia is usually dependent upon implication of the lower cord levels. This is probably also the case with the functions of the bladder, rectum and genital centres, and hence their early disturbance. An early symptom of tabes is the failure of the pupillary reaction to light. This the theory well explains, for this function of the pupil is well-nigh incessant, responding to every change of light. That this function should show impairment before the contraction of convergence receives hereby also satisfactory explanation, the latter being far less frequent. The ocular muscles, which are so frequently involved, are also in almost constant use, especially those concerned in lateral movements, and the levator palpebræ. The fugacious character of these pareses may also be readily explained on the theory of exhaustion, with subsequent recovery.

Fascinating as is this theory, it certainly falls short of a complete explanation. As Edinger himself admits, it cannot account for the comparative infrequency of optic atrophy, for as regards continuous function the optic nerve ranks with any. The optic nerve, however, must be considered as extremely resistant. At first sight, too, it would appear that, inasmuch as in every one the functional activity of the tracts concerned in the maintenance of the erect position, equilibrium and co-

ordination is about the same, these tracts would be almost always involved, and, in other words, tabes ought to be vastly more frequent. Tabes, however, is frequently found amongst individuals whose occupation *especially* calls into action the areas referred to—officers, railway employes, commercial travelers, clerks, artisans—while it is rare among women, who presumably lead a more inactive life.

Another serious objection that can be urged is the absence of pathological changes in the trophic cells of the spinal ganglion. Inasmuch as in a mild form of irritant to the neuron the cell-body (in this instance a cell of the spinal ganglion) might appear healthy at a time when its fibres would already show degeneration (degeneration commencing always at the distal end and advancing toward the centre), we can understand how in incipient tabes the trophic cells should not appear atrophied. In advanced tabes, however, we ought to find marked changes in these trophic cells. This objection, however, may be met as follows. The number of cases of tabes in which these cells have been carefully examined by modern methods is not large; in a few (notably Oppenheim's, where marked degeneration was found in the Gasserian ganglion) these changes have been found, and, furthermore, we are not yet as thoroughly informed about sensory trophic cells as we are about motor. The spinal ganglion is still *terra incognita*.

Therefore, although this theory of Edinger is not entirely adequate, it does open our eyes to a possible explanation of the peculiar localization of some of the tabetic lesions. It shows us how function itself may precipitate cellular exhaustion, how exhaustion may end in degeneration, and what it is that makes one exciting cause about as potent as another.

The following conclusions are to be drawn from this paper:

1. There is no direct relationship of cause and effect between syphilis and tabes.
2. Lues is one of a group of favoring or exciting causes. It is associated with

tabes in larger percentage than any of the others named.

3. The very nature of tabes, with its enigmatic and seemingly capricious localization, together with the irreconcilable difficulties apparent in attempting to uphold the luetic etiology, should dispose us to seek elsewhere for explanation of its causation.

4. It is probable that the common basis favoring tabes is some precedent tissue inferiority, and that the underlying factors are congenital predisposition and functional exhaustion.

5. There is no practical therapeutic value in upholding the syphilis theory, and its general acceptance should be relinquished on the ground of "not proven."

[For discussion see p. 180.]

Word-Deafness.

Cases of word-deafness being so exceedingly rare, no case is yet known in which recovery has taken place, and it would in all probability be difficult to bring it about. Owing to the patient's ability to speak, to read, and to write, by means in the main of the nervous mechanisms contained in the left hemisphere, this side of the brain would still continue very fully to perform its functions. Moreover, the situation of the lesion might be such as to prevent functional relations becoming established between the left visual and the right auditory word centres, and this being so the right auditory word centre would remain in an isolated condition. If, as in such a case, this centre should be thus cut off from all functional relations either with its fellow or with the visual word centre of the left hemisphere, it seems evident that comprehension of speech could never be restored—that is, no process of functional compensation would be possible.—BASTIAN: "Aphasia and Other Defects of Speech."

Hysterical Aphonia.

Kebbell recommends ethyl chloride quickly applied to the nape of the neck, freezing a patch the size of a silver dollar.—*Denver Med. Times*.

OPHTHALMIC MEMORANDA.

BY DAVID DEBECK, Sc.B., M.D.,

CINCINNATI,

OPHTHALMIC SURGEON, ST. MARY'S AND GOOD
SAMARITAN HOSPITALS.

Family History of Micro-Cornea.—Micro-cornea is not extremely rare; although so many cases are the accompaniment of general microphthalmus, atrophic conditions, or the retarded growth due to earlier inflammatory conditions, that uncomplicated micro-cornea is very uncommon. A distinct family history of this anomaly is excessively rare. Such a history, of most interesting character, has recently come under my observation in private practice. Members of two generations I have had personal opportunities of seeing.

Mrs. Jennie W., æt. 57. First seen in March, 1899. Vision had become slowly impaired for almost two years past. The most striking feature at once was the small size of the corneæ. Exact measurement gave a diameter of 8 mm. (the normal being 11 mm.). This shrinkage of 3 mm. may not seem very remarkable on paper, but in actual fact the effect was most astonishing. Some idea of this effect is given by the diagram (Fig. 120), drawn natural size. But the general bizarre effect cannot be conveyed; and they refused to sit for photographs. The iris was a peculiarly pale, sickly blue. This was not an effect of the chronic inflammation with which the eyes were affected, for the very same tint held through all her children examined. There was present a condition of chronic glaucoma simplex, with the occasional inflammatory exacerbations of the very mildest type. But the condition was intractable, and steadily progressive. In the left eye an iridectomy upwards had been made some time before, but notwithstanding this V. was reduced to counting fingers at five feet. In the right eye a recent operation had been made by one of our younger colleagues. What he had really attempted is not very positive in my mind; there was a corneal incision made above; into this the iris has been partially drawn, so that a small knuckle is incarcerated; and the pupil is consequently pear-shaped. Following this operation she claims that there was some improvement, and V. is now $\frac{1}{10}$. The lenses and media are clear. On both sides the discs are "sauced," but not sharply "cupped." The ophthalmoscope showed quite high hypermetropia, but at this stage glasses gave no improvement. There

was some increase of tension, but this was not particularly marked.

Further operation she would not entertain; there was some slight apparent improvement under eserine, but only temporary; and there was steady deterioration of vision, so that at the last examination she could only see to count fingers at a few feet.

The family history is interesting, and fortunately is quite full and reliable.

First Generation.—The father was a resident of Oldenberg, near Bremen. His eyes



FIG. 120.

are described by this daughter (and her husband) as being exactly like hers in color and appearance. They have still preserved his exemption from military service on account of "kleinheit der Augen, und schwache Sehvermögen."

His sister (a paternal aunt of our case) was affected in exactly the same way. This statement is confirmed by the statements of her sons, two of whom are reported below.

A brother was not so well known to them, but they are quite certain that his eyes were normal; at least they never heard anything to the contrary.

Second Generation.—This daughter (our patient) was the only child. Her aunt had several children. The eldest two, sons, emigrated while quite young to America, and are now in business together in Cincinnati. They are both affected. Of the other children nothing definite is known, but they are believed to have been all normal.

John H., æt. 60. Has micro-cornea, in all respects like the above full description. Made but a casual examination during a visit to his home. He wears convex glasses that I judge to be about 4.00 D.; and with these his vision, while far from perfect, is still good enough to enable him to carry on his business, and is about as good as it ever was. He has never had any inflammatory trouble.

Louis H., æt. 57. Micro-cornea, exactly like the cousin and brother. In fact, the brothers look very much alike in other respects. He wears about the same sort of glasses as his brother, and sees about the same. Neither has he had any inflammatory

trouble. I had no opportunity to make an ophthalmoscopic examination in either of these cases.

Third Generation.—Our patient has had six children, two sons and four daughters, all still living. Of these two daughters are normal; the other children have the same defect as the mother. One of these daughters, æt. 23 (the third child), is at home, and takes care of the house. The other, æt. 19 (the fifth child), has recently been married. Both have pale blue irides, and eyes resembling the mother; but the cornea is of approximately normal diameter. They are both moderately hypermetropic, but have good vision. Ophthalmoscopic appearances normal. The first, second, fourth and sixth have eyes exactly like the mother.

Son, æt. 33 (not seen). He has eyes described as being in appearance and color exactly like those of the mother. His vision is the poorest of all the children, and glasses do not give much or any improvement. He has suffered from epileptic attacks since childhood, and is now in the State Asylum at Gallipolis, O.

William, æt. 25. Has micro-cornea, with eyes exactly like the mother. V.: R.= $\frac{3}{8}$; L.= $\frac{10}{8}$. Ophthalmoscope shows high hypermetropia, but there is no marked improvement of vision with glasses. Fundus is nor-

as if the reduction had been made absolutely to scale. In this case the cornea was 9 mm. in diameter, so that it was ranged just about half-way between the others and the normal. She was somewhat hypermetropic; but unaided V.= $\frac{3}{8}$, and they declined correction.

Of the cousins, the elder brother has but one child living, and he has normal eyes. Three other children died quite young, but all are said to have had normal eyes.

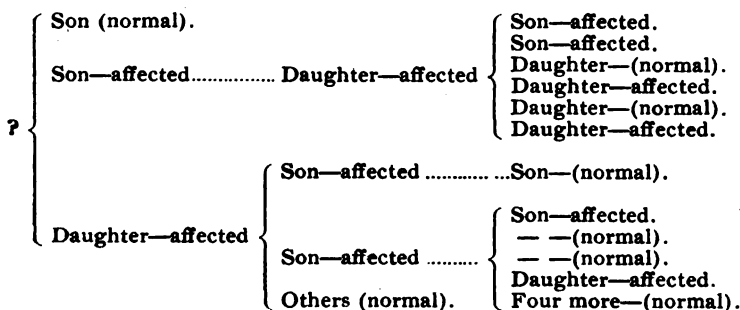
The younger brother has eight children, of whom two are affected. Eldest child (son) has eyes exactly like the father, and these more distant relations, both as regards color, size and refraction. Wears glasses and works in the father's factory.

Fourth child (daughter) has eyes in color and appearance like the father and brother. At my only call she did not wear glasses, but seemed to see quite well. She seemed to be about thirty, married, and two children have normal eyes, according to her statement.

I saw the fifth child, a young man of about twenty-eight, with normal brown eyes like the mother; and the youngest, a lad of about fourteen, with eyes exactly the color of the father's but the cornea of normal size.

The fourth generation, so far, as I could trace, all seem to be normal.

A little family chart will give all this more graphically:



mal, except that there is a large, sharply-outlined and deep physiological cupping.

Rose, æt. 21. Eyes like those of the mother and brother. She has a slight marginal blepharitis; is wearing +1.00 for constant use; and with this has V.= $\frac{3}{8}$. The fundus is normal, and she has no physiological cupping.

Amelia, æt. 15. Eyes in appearance like the others, but with the anomaly not so marked. In all the other cases seen the corneæ were of exactly the same size (8 mm.),

Family History of Retinal Detachment.

—We have had the opportunity of seeing one series of cases in which there was unquestionably a family predisposition to this accident. One was primary, and apparently spontaneous; and two were apparently secondary to cataract operations. But even in these two it was not absolutely certain that they had not existed prior to the operation.

The family history includes apparently but one generation. The father and mother are dead, but seem to have had no eye trouble.

The children, arranged according to ages at the time the first case was seen, present three cases of retinal detachment, and two normal subjects.

Wilson S—, æt. 36 (affected).

Emmett S—, æt. 33 (normal).

Moore S—, æt. — (died young).

Hester S—, æt. 29 (affected).

Wesley S—, æt. 27 (affected).

The cases were not seen in the order given above, but will be reported in the order in which they came under observation.

Wesley S—, æt. 27. Seen in 1887. He had partial detachment of the retina, including almost the nasal half, right eye. The rest of the fundus seemed normal. V. was still quite good, reading $\frac{30}{100}$ and $\frac{10}{100}$ in favorable position. The other eye was all right.

I made a needle-puncture operation, from the opposite side, across the vitreous. There was slight improvement, and some replacement of the retina; but in a few days the condition was again worse. A second operation, of similar character, was made. There was decided improvement, which seemed to be permanent.

A short time after he returned with the lens clouded, and it rapidly became entirely opaque. There was, however, perception of light, and not very faulty projection. Mainly at his solicitation I made a simple extraction. The operation, as such, went off well enough, but the first examination made with the mirror revealed an almost total detachment. This became total, the eye shrank somewhat, and vision became *nil*.

About a year later he returned with cataract in the left eye. There was some slight light perception, but absolutely no accurate projection. He insisted on having what little chance an operation promised, and I made a simple extraction. This went along smoothly, and healed nicely; but the first mirror examination showed a total detachment of the retina. V. = *nil*, of course.

Wilson S—, æt. 39. Seen in 1890. Mature cataract in the right eye, and well along in the left. There was light perception at any rate, but unfortunately there are no notes as to the projection. He was a private patient, the name a common one, and I did not then know that he was a brother of the above. He had not remembered the name of the "hospital doctor" who had treated his brother. The simple operation was made, and went smoothly. There being no vision,

on the fifth day an examination was made, and a complete detachment of the retina found.

In the left eye the cataract rapidly matured. Light perception was good, and the projection certainly not very faulty. There was possibly a defect to the outer side. I made the combined operation. Examination on the second day showed a detachment of the nasal half. A week later this had not become much more extensive, and a needle-puncture across the vitreous was hazarded. The eye proved surprisingly tolerant toward this operative measure, but no good was accomplished.

Mrs. Hester W—, æt. 33. Was seen about a year later. The examination was at her home, and was not as exact as might be desired. But perception was certainly good, and projection seemed to be practically normal. I made the simple operation on the right eye. After the aqueous had refilled and the pupil somewhat restored, I ventured a hasty glimpse with the mirror. It was, of course, an unsatisfactory view, but I detected no detachment. On the fourth day I found a complete detachment of the retina. At any rate, most of this must certainly have come on after the operation. V. = *nil*. She would not permit any attempt at an operation on the left eye.

Emmett is now 46, and when heard from recently his eyes were all right.

Milliken, of Cleveland, a few years ago reported a somewhat similar family history, and a few other family groups are reported in the literature. These reports are thus seen to be scanty; but we must bear in mind that retinal detachment is a rare disease. But they are at least sufficient to strongly support the probability that mechanical influences are not the *only* ones contributing to this condition—at any rate, not in all cases.

Spontaneous Replacement of Detached Retina.—The re-attachment of detachment of the retina, in cases where no surgical relief has been attempted, have always been cases of unusual interest. Fortunately, quite a fair proportion of the cases result in this way, otherwise the statistics of this accident would be much more gloomy than they now are. They are surely disheartening enough as it is.

It is very singular that the only two cases that have come under our observation in recent years have been in two cases resulting

from absolutely identical accidents; and this, moreover, an accident of quite unusual character.

Chas. A. P.—, æt. 34. Seen in November, 1898. Had been accidentally shot by a companion while hunting, three days previous. One small shot (No. 8) had entered the upper inner angle of the right orbit, a half-inch above the inner canthus, and so almost exactly over the trochlear pulley. I judged, from the other symptoms, that it had struck the eyeball a glancing blow, and passed back into the orbit. It was not felt, and was not probed for. There was some sub-conjunctival hemorrhage, but no protrusion of the eyeball, and its movements were good in all directions. The pupil was very sluggish, and even dilated poorly to atropine. There was a detachment of the retina in the lower inner quadrant, comprising almost exactly this quadrant. There were some minute retinal hemorrhages along the upper line of the detachment. The detachment was complete over the area involved, but was not very prominent or wavy. The optic disc was blurred and edematous, but not quite reached by the detachment. There was no infiltration of the vitreous. V.= $\frac{10}{100}$ excentrically inwards.

Nothing was done beyond rest and the use of atropine daily. In a few days the detachment, instead of getting larger by neighboring dissection, as was feared and expected, seemed to be a trifle smaller. When this was reported to him nothing in the way of operative procedure would be listened to for a moment, and the same expectant plan was continued. After ten days the detachment had entirely disappeared. V. improved to $\frac{30}{100}$, still a trifle excentrically inwards. Beyond a rather distinct pallor and slight "stippling" over this area, the retina seemed to have recovered its normal appearance. This it maintains a year after the accident.

Rev. L. H. H.—, æt. 23. Accidentally shot in the left eye, the gun being about 150 feet away. He was seen eighteen hours after the accident. A small shot ("bird-shot") had passed through the upper lid, near the centre, and half an inch from the edge. There was a linear, grooving wound on the upper surface of the eyeball, beginning 4-5 mm. above the upper sclero-corneal margin. The floor of this was deep black, showing it had cut quite through the sclera. There was no sign of the shot, and no apparent trace of its

track on backwards. The pupil was moderately dilated and sluggish, but responded promptly to atropine. The vitreous was rather densely infiltrated below, but there was a clear red reflex above. Tension was somewhat diminished, but the eyeball not soft. Notwithstanding this, I was not absolutely sure that the shot was not at the floor of the vitreous. He returned home with instructions for complete rest, and atropine for daily use. He was seen about a week later. The infiltration of the vitreous had considerably cleared up, but there was revealed a detachment of the retina downward and outward. Whether this existed immediately after the accident, or was due to traction of the vitreous exudate, could not be determined. V.=counting fingers at one foot excentrically outwards. Tension had become normal. It was quite evident now that the shot was not in the eyeball. He was seen again four months after the accident. The vitreous exudate has been reduced to some large floating strands. I was surprised to note, however, that there had been a complete replacement of all the detached retina. The re-attached retina was slightly pale and stippled, but otherwise normal in appearance. V. had improved to counting fingers at three or four feet, slightly excentrically to the left (outwards). Patient has not been seen since.

Both the detachments were due to concussion, and it will be noticed the concussion was of the nature of *contre coup*. In both the shot evidently glanced and passed back into the orbit. In one the vitreous remained clear, and in this case the re-attachment is not so very surprising; but in the other there was vitreous infiltration, with probably permanent floating bodies, and in view of this the re-attachment is most unusual and remarkable.

For Small Cutaneous Growths.

Unna (*Medical News*) recommends frequent applications by the patient himself of a solution of 15 grains paraformaldehyde and 8 minims castor oil in 5 drachms collodion.—*Denver Med. Times*.

PAINFUL menstruation is not a disease, but merely a symptom found in various pelvic diseases.—*Med. Summary*.

REMOVAL OF BOTH MAMMARY GLANDS FOR ADENOFIBROMA.

BY CLARENCE E. DRAKE, A.B., M.D.,
ZANESVILLE, O.

Patient, Rose S., a well-developed and well-nourished mulatto, age twenty-seven years, married; only child nine years old. Family history good.

Both glands were greatly enlarged, each weighing about two and one-half pounds, and were dense and hard to the touch. Microscopical examination showed bundles of wavy fibrous tissue occupying the spaces of the normal gland cells.

The patient made an uneventful recovery, and is now in her usual good health.



About October 1, 1899, the patient noticed an enlargement of the left breast, together with some tenderness, and a few days later presented herself at my office. On examination I found the left gland symmetrically enlarged; no retraction of the nipple, and a small area of tenderness toward the axillary side. About three weeks later the patient noticed a similar enlargement of the right breast, and the examination made showed similar conditions as on the left side. On December 1, Dr. E. C. Brush, assisted by Drs. Bateman and Drake, removed both breasts. The incision on the left side was made parallel to the fibres of the pectoral muscles; that on the right transverse. Continuous cat-gut sutures were used, supplemented by two deep sutures of silkworm-gut in each wound. No drainage-tubes or dusting powders were used.

Ichthyol in the Treatment of Whooping-Cough.

Ichthyol has been used in whooping-cough by Dr. Souther (*Med. Times*), who reports the successful treatment of his four children with ichthyol in grain doses, given at first every four hours. The ages of the children ranged from two years and six months to eight years. In two days the dose was increased to two grains, then to three grains and four grains every four hours. At the commencement of treatment the paroxysmal cough occurred about twenty-five to thirty times in twenty-four hours; after four days of the ichthyol the number of attacks was reduced to about six in the twenty-four hours, and at the end of the week from two to three. All the other symptoms, too, improved correspondingly under the ichthyol treatment.—*Merck's Archives*.

Society Proceedings.**THE ACADEMY OF MEDICINE OF
CINCINNATI.****OFFICIAL REPORT.***Meeting of January 15, 1900.*THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

DR. DAVID I. WOLFSTEIN read a
paper (see p. 163) entitled**The Etiology of Locomotor Ataxia.****DISCUSSION.**

DR. PHILIP ZENNER: Locomotor ataxia is such a chronic disease which probably begins so long after the etiological factors have begun to work upon the patient that it is not surprising that we find so much difficulty in assigning its cause. In most instances any special cause is beyond our reach; we can scarcely do more than guess at the causation, or theorize. The essayist spoke of the popular idea among both the laity and the profession that locomotor ataxia is always due to syphilis, and of the odium which therefore is attached to the tabetic. False ideas are, however, sometimes formed because a history of syphilis cannot be obtained. For instance, a physician spoke to me the other day and said of a certain patient that he was not syphilitic, and therefore could not be tabetic. Now whether or not this be true, it is certainly true that a man may have had locomotor ataxia who everybody believes has never had syphilis. I do not believe that we can bear too strongly in mind the fact that syphilis is often introduced into the system through unknown channels and not recognized at the time by the patient or the physician. Certainly lesions of syphilis have been found when no history of syphilis could ever be obtained. As I said, I do not believe that we can bear this fact too much in mind when we say that the patient could not have had syphilis. Apart from that fact, there is no question about the difficulty of obtaining a knowledge of syphilis when it is undoubtedly present. To illus-

trate this I will mention a few cases which are just now present in my mind:

A physician sent me a gentleman to examine; it was a case of locomotor ataxia. I examined the patient very carefully and could find no mark of syphilis, and he denied ever having had it. I saw the physician the next day—it was a consultation case—and he told me that he had treated this patient for primary and constitutional syphilis and his wife for constitutional syphilis. She had had a number of abortions, and all the children who came into the world had died of inherited syphilis. Here is a case which, if I had not seen the family physician, I should have entered on my books as a case of locomotor ataxia without previous syphilis.

A few months ago a lady patient called at my office who had paresis. I sent for her husband to come to my office and I asked him to give me his history, telling him that it was important for me to know if he had ever had syphilis. He denied ever having had it. As he left my office he mentioned to me that he was just on his way to keep an appointment at an oculist's office. I asked him what was the trouble with his eyes, and he told me that the physician called it atrophy of the optic nerve. As the history sounded a bit suspicious I telephoned to the oculist, who told me the man had atrophy of the optic nerve, and had been sent to him by his physician as a case of syphilis. Since that time this man has developed all the symptoms of locomotor ataxia.

Another case, a lady with locomotor ataxia. I again sent for her husband for the history. This man also denied having had syphilis. I subsequently learned of the patient's having had many miscarriages, and also an eruption some months after she was married. Since that time the husband has developed paresis.

These are but a few cases that occur to me at this moment, which easily might have been entered on my books as cases of locomotor ataxia, or paresis, without any syphilitic taint. It is well worth noting in the last two instances that tabes developed in the husband

and paresis in the wife, and again paresis in the husband and tabes in the wife. I wish to emphasize the fact that syphilis occurs far more frequently than we know of its occurrence, so that the statistics for syphilis are more likely to be too low than too high. I look upon syphilis as an exceedingly important factor in the production of tabes. It does not do to consider too slightly the element of statistics. Statistics must be studied with judgment. We must guard against the special pleader. Of course, all human reasoning is fallacious, but I think statistics furnish us with one of the strongest proofs in most instances. It is important to remember that most neurologists believe firmly that syphilis is an important factor in the production of locomotor ataxia; and they probably believe it as I do, because it accords with their experience, not simply because they have seen others' figures on that subject.

DR. F. W. LANGDON: Such a very thorough and careful, critical digest of this subject as we have listened to to-night cannot fail to be of great benefit to the Academy.

Personally, I do not believe that syphilis is always the cause of tabes. I do believe that it is a very important antecedent in a great many instances. I do not, however, believe that it is a *necessary* antecedent; in fact, in my experience I have had a number of cases in which I was satisfied that I could exclude syphilis. I think, perhaps, if we take a biological view of this subject, we shall perhaps obtain a broader and more solid foundation for our pathological reasoning. If we study mankind in the light of evolution we must bear in mind that the more highly developed and cultivated the race the greater the strain on the sensory neurons. It is not so many generations since man as a race, or species, assumed the erect position, and on this account there is a greater strain on more sensory neurons than formerly; in other words, the standing posture has called into play more muscle-sense neurons in the maintenance of equilibrium, balancing, etc. Locomotor

ataxia, in its modern pathology, is a degeneration of these sensory neurons and of others.

The high development of the sensory mechanisms is another factor, in my judgment. We have a highly and delicately developed nervous system, and at the same time when we increase the delicacy we put more strain upon it. We put on the strain out of all proportion to its strength, and it is naturally bound to wear out in the most delicate parts where the function is the most active. I think that we can safely say that tabes is a disease of civilization, if not of syphilization, and the cases cited by the essayist where it was absent in the lower races is direct evidence of this fact—that it is the highly developed, who put the greatest strain on the nervous mechanism, who give way before this tension. As I said, personally, I believe locomotor ataxia may develop without syphilis. Over-fatigue and continued exhaustion of the sensory neurons from any cause favors it.

In regard to the paper on the ocular changes, I do not feel competent to discuss that subject, but I will merely refer to one point which has been brought to my mind. I have been surprised that it should be considered remarkable that when optic atrophy develops the progress of the disease is checked. It is not strange when we consider that on account of the optic atrophy the man is necessarily compelled to be less and less active, and he may lead an almost vegetative existence. The two leading factors in the treatment—rest and nutrition—are at work in these cases with blindness. In this way the strain is taken off the sensory neurons in general, and that, in my judgment, is responsible for the cessation of the progress of the disease in those cases.

As regards therapy, antisyphilitic treatment is not, in my opinion, the proper treatment for locomotor ataxia. It is unsuited to the pathological character of the disease. Tabes is not a gummatous disease.

DR. M. L. HEIDINGSFELD: The views expressed by the speaker of the evening present a new phase, not

only to *tabes dorsalis*, but also to a number of other diseases whose etiology is of such a doubtful and obscure character that we can turn to the ever-ready "scape-goat" of syphilis for their cause. It is certainly very interesting to note that while authorities like Erb and Fournier report 90 per cent. of their cases luetic, the essayist, on the other hand, is of the opinion that syphilis as a direct or predisposing cause is of little or no consequence. Pibram has recently gathered some statistics, and has found only 35 per cent. luetic, and 2,000 non-tabetics, 16½ per cent. luetic. Such disparities can certainly give us only a very vague idea as to how much importance can be attached to syphilis as a cause.

One view which the speaker has taken I heartily endorse, and that is the utter disregard of conservatism practiced by most physicians in making a diagnosis of syphilis. A single symptom suffices for many; any form of ulceration about the genitals, at times a simple herpes preputialis, often adenopathy or alopecia pityrodes; while some even go so far as to state that the diagnosis can be made from a simple erythema of the soft palate. When diagnoses are made on such meagre grounds, naturally our statistics can have little value. I can concur with the essayist when he denies that syphilis can be the cause, on these grounds alone.

There are few diseases that are more recognizable than syphilis, if its symptoms are carefully studied, and carefully searched. On the other hand, there are few diseases that will permit an error in diagnosis more freely, and at the same time offer less obstruction in detecting the error. It is such an easy matter to tell a patient that he has syphilis, to give him the benefit of the doubt as it were, and then, if nothing manifests itself later, to ascribe it all to the good effects of early administered antisiphilitic treatment. Our statistics, to have any value, must be gleaned from well-defined cases; in early acquired syphilis these must be the ones in which we have awaited the appearance of the secondary eruption, a method

that should be adopted universally in almost all cases of suspected infection. Watrezewski has shown that nearly 70 per cent. of malignant syphilis, syphilis precox, syphilis complicating the cord and brain, has occurred in cases where treatment was instituted before the appearance of the roseola.

There is one point the speaker makes to which I would take exception, and that is that if *tabes* is of a syphilitic nature it must be tertiary in character. While I personally am not inclined to regard syphilis as an exciting or predisposing cause in most cases, still it seems plausible that it can act as such without being of a tertiary nature. We often see paralyses, during the secondary stages, frequently as early as from six to eight weeks after the infection. These are explained not on the basis of tertiary lesions, but are due to direct pressure upon the affected nerves from a papular infiltration of the periosteum lining the foramina or canals through which the nerves pass. This papular infiltration corresponds to the maculopapular eruption of the skin, and is frequently coincident with the first or later secondary eruptions. In the same manner we may have a papular infiltration of the posterior segment of the meninges, which induces either a pressure degeneration of the posterior nerve roots extending into the cord, or so impairs the nutrition of the cord by obstruction to the circulation that a degeneration of the cord follows. This infiltration, like other secondary processes, may disappear by absorption, and leave no pathological trace on postmortem examination. When degenerative changes once occur in the cord, being a much more highly organized organ than the meninges, the damage is irreparable. These grounds could probably explain the inefficacy of antiluetic treatment, even if the cause were of syphilitic nature.

JOS. EICHBERG: The modern neurologist is the most diplomatic man in the profession. I think on many occasions the position he assumes reminds one of the interesting statement made by Josh Billings in reference to the flea, of which he said: "It is a curi-

ous and interesting bird, but when you put your hand on the place where he is, he ain't there."

In reference to the causation of locomotor ataxia, the neuron theory seems to be plausible, because when we study the changes which take place in the body of the nerve cell we know that degeneration frequently takes place from over-stimulation of the neuron, but we cannot see that the changes are sufficient to produce degeneration in the nerve fibres. Nor can you affirm that the normal exercise of its function is a cause of disease to any part unless that part be already diseased. It may be true, and probably is, that there are many changes of which our investigations leave us wholly ignorant. Every theory advanced is the latest theory, but we have no assurance that it is the last theory. The fact that Fournier in five thousand cases of syphilis was able to find 11 per cent. with locomotor ataxia is an argument which does not admit of much discussion. It could not be said when 11 per cent. of five thousand cases of syphilis had locomotor ataxia that these were accidental cases, nor will it do, on the other hand, to say that tabes is always dependent upon syphilis. The fact that the oak tree sheds an enormous number of acorns, and of these acorns possibly two or three mature as scrub oaks, does not disprove the fact that the acorn is the cause of the oak tree. The same sort of reasoning will apply to every infectious disease. It does not follow because out of a number of individuals only a limited number show the infection that therefore the reputed cause of the disease is not operative in the manner that has been stated. Nor does the fact that an individual may have had locomotor ataxia and subsequently acquired a syphilitic sore disprove the fact that he had a primary sore before the locomotor ataxia developed, because reinfection is not wholly an unknown thing in the history of that disease. As yet I believe the whole pathology of locomotor ataxia is in a confused condition. We know the lesion, we know that there is such a thing as a neuron, that it is subject to degenerative changes

due to nutritional disturbances, etc., but as to the way in which the nutritive changes are brought about we simply speculate, we do not know.

DR. JAS. W. ROWE: In listening to the discussion to-night there are two points which have occurred to me. The theory of nervous exhaustion or possible deterioration of these tissues will no doubt appeal to everyone as a plausible theory, and it seems to me that this is not entirely inconsistent with the other theories which have been advanced. For instance, if we acknowledge that exhaustion of the nervous tissues is a cause of tabes we have to turn and seek for a cause of the nervous exhaustion, which may be brought about by excesses in alcohol, in venere, overwork or from the presence of an exhausting disease as syphilis. The second point which occurs to me is this. In practical medicine we are accustomed to confirm our diagnoses at times from the results of our therapeutics, as, for instance, the effect of iodide of potassium in syphilis and quinine in malaria. I think it is stated by the best neurologists that the one therapeutic measure which has any possible chance of staying the progress of tabes is absolute, unqualified rest. Rest may be regarded as the specific for exhaustion. In this way we may possibly confirm the idea that exhaustion is the cause of tabes.

DR. WOLFSTEIN: The hour is, unfortunately, quite late, and I shall add but little to what I have already said in my paper. It is nowhere mentioned therein that syphilis may not be an important exciting cause; its frequent association alone must force this view upon us. One of the speakers rather implied in his remarks that I spoke slightly of statistics. I do not think that I should be accused of this. Quite the contrary, I gave the statistics on both sides, and endeavored to give every observer's view. I merely plead for more objectivity and less bias in their compilation. I wish to emphasize once more the equal value of honest adverse statistics. Frequency, even quite marked frequency, of association of two diseases does not prove that one necessarily causes the other. If in say one hun-

dred cases of Bright's disease, in ten a history of syphilis were obtained, would this justify such an assumption? Personally I believe that syphilis is an exciting cause in locomotor ataxia, *i.e.*, until further notice. I do not see why syphilis is considered such an exhausting disease. Surely, properly treated syphilis is often a mere episode in the life-history of the patient. Many a man carries as the only evidence of his syphilis a scar or two. And as far as tabes goes, it is associated with properly as often as with improperly treated syphilis. Syphilis is quite amenable to treatment, and far less exhausting than many of the infectious diseases.

In regard to the absence of ataxia in those cases of tabes where primary optic atrophy is the prominent symptom, Dr. Langdon has already made the answer that I should have advanced. I am glad to see that he sees in Edinger's hypothesis a plausible explanation. The amaurotic, condemned to inactivity, will certainly make less use of the fibres of muscle-sense, equilibrium and coördination, and it is the implication only of these tracts which determines the ataxia. The ataxic is not exhausted, his force is not diminished; it is merely misused, or, rather, uncontrolled. A further argument in the same direction is the very infrequent association of neurasthenia and tabes. The neurasthenic, because of the facility with which fatigue follows exertion, is averse to effort, although he usually possesses much reserve power. And in women, where lues is not assigned, the tabes usually occurs among hard-working individuals, and in *puellæ publicæ* it does not occur in spite of syphilis, probably because of the lazy life.

Dr. Heidingsfeld refers to the occurrence of paralyses in the second stage of lues, and hence concludes that tabes is not necessarily a tertiary syphilitic process. I can only see in his objections a support of my own position. That syphilis produces paralyses in the second and third stage I have not denied; on the contrary, it does, and this shows that there are true syphilitic cord lesions. But these are not tabes. They are due to involvement of the meninges, or to a

syphilitic endarteritis, which produces a meningo-myelitis or a pseudo-tabes syphilitica. Tabes may occur early in a florid lues, but with extreme rarity; the general opinion ranks it as a late manifestation.

Dr. Rowe wishes to emphasize the value of rest in the treatment of tabes, especially if we are to consider it as a disease of exhaustion. I thank him for this support, but take issue with him on one point. Rest is good in tabes. If there is any class of patients who should be shielded from all excess it is the tabetic. However, as Frenkel has shown, it is, as regards the ataxic, a mistake to carry this too far, inasmuch as unnecessary abstention from use increases the ataxia. There is a difference between functional exhaustion of a part and exhaustion generally.

With regard to the frequent involvement of the ocular muscles, it has been contended that this argues against the fact that tabes is primarily a disease of sensory neurons. Now I stated in my paper that occasionally motor peripheral nerves were involved, and, furthermore, tried to show how theoretically any part of the sensori-motor arc might be primarily involved. As regards the ocular muscles, however, I doubt whether one can class these with the ordinary skeletal or volitional muscle. The eye muscles are under the control of the will, it is true, but their movements are for the greater part automatic, non-volitional, and much nearer related to reflex movements than to voluntary. We might group these paralyses of the ocular muscles under the heading of sensori-motor paralyses. Sherrington has shown that when all the sensory nerves of a part are destroyed paralysis of motility also occurs.

The last speaker of the evening, whilst agreeing with me as to the "reprehensible" character of Kraft-Ebing's inoculation experiments, inclines to admit their value. As to a second infection with syphilis, syphilographers consider it very rare; the general opinion is that one attack confers immunity. I think we must, therefore, admit the force of my arguments. The speaker also complains that in

neurology it is always the "latest" theory that explains. This is, unfortunately, true, but not more true for neurology than for any other branch of medicine. Definitely settled problems are the exception in medicine, and I certainly think that "theorizing" about conditions is a good thing. The speaker's contention that we are unable to see the changes brought about in the cells is forceful, but not conclusive. In the first place, many diseases must proceed from cellular alteration, which no methods at present at our disposal have revealed. In the second place, we are at present in a better position to reveal finer changes in cell structure than we were formerly. Nissl's method, which shows destruction of cell-chromatin and the excentric disposition of the nucleus and further changes, permits us to go much further in the discovery and interpretation of morbid changes in the nerve cells; and the researches of Hodge and others have shown how excessive function of these cells may be anatomically demonstrated by this method. This is now certainly beyond the stage of theory.

In conclusion, I thank the gentlemen for their kind participation in the discussion.

THE PROPER TREATMENT OF HEADACHES.

—J. Stewart Norwell, M.B., C.M., B. Sc., House Surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for *Medical Reprints*, London, England, reports a number of cases of headache successfully treated, and terminates his article in the following language:

"One could multiply similar cases, but these will suffice to illustrate the effects of 'Five-Grain Antikamnia Tablets' in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.:

(a) They are a specific for almost every kind of headache.

(b) They act with wonderful rapidity.

(c) The dosage is convenient.

(d) The dangerous after-effects so commonly attendant on the use of other coal-tar analgesics are entirely absent.

(e) They can therefore be safely put into the hands of patients for use without personal supervision.

(f) They can be very easily taken, being practically tasteless."

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,
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DR. J. C. CULBERTSON,
317 W. Seventh St., Cincinnati, O.

CINCINNATI, FEBRUARY 24, 1900.

Editorial.

CHARITIES.

The pessimist is at his best when proclaiming that the poor are growing poorer and the rich becoming richer; that there has been a passing of the good old times when men were brothers all. After such exclamations there comes an eructation, from which emanates some fetid gas, followed by an unsatisfactory subsidence of unpleasant sensations, for the timid creature never feels so comfortable as when in an enjoyment of discomfort.

The fact of the matter is, rich and poor are relative terms. The honest laborer without a dollar may be as rich as Cræsus, while the multimillionaire is generally a typical Dives, soliciting Lazarus for a single drop of water to cool his parching tongue. A man is rich or he is poor according to what he believes to be his necessities.

In this country the really poor are in a comparative sense few in number, and the necessities of most of these are found in an honest desire for employment, and it is exceedingly rare for a

man or woman to be found seeking an occupation for which they are for any reason disqualified. So that in a dispensing of charity its very best exponent is to be found in a furnishing of something to do, by which the individual may be made to feel that he or she is giving a full value received for any compensation given them. It is not denied that there are a few who seek something for nothing, but in the aggregate the number of such people is exceedingly small.

The National and State governments are very generous and liberal in providing homes for the homeless and indigent, about the wisdom of which there can be no controversy; but in a large percentage of instances the beneficiaries of such charities would infinitely prefer an opportunity to honestly earn their daily bread. A granting of such opportunity would be the richest boon that could be conferred by a bounteous government. A man or woman that wants employment and finds all doors closed to them sadly says the world has no further use for them, and a going to the infirmary is a turning out to die, with an accompanying wish that the dissolution of soul and body would soon come, as it would be economical to tax-payers.

Bequests and bequests are made to found and support charities, most of which are misdirected. The honest poor—God's poor—don't want charity; they want employment, and revolt at a suggestion of going to a home for the friendless. Multimillionaires who are poor in spirit think to shift their personal responsibilities by founding hospitals and other eleemosynary institutions, instead of creating industries for the unemployed. In this channel there are ample and wonderful opportunities to do an untold amount of good. Be-

quests to educational institutions, mechanics' institutes, technical schools, parks and gardens never fail to accomplish a good purpose.

The Ohio Mechanics' Institute in Cincinnati is one of the most useful of benevolent enterprises. A single feature alone is worthy of mention. Boys and girls are there taught some of the most useful of the arts and sciences. It takes poor boys and girls into its fold and educates them in ways to earn an honest living, and then endeavors to retain its moral hold and influence upon them through life. Manual training and so-called sloyd work should be made a part of the regular course of study in all schools. All boys and girls should be educated in the use of their hands, so that these members of the body can and will coöperate with brain functions. This means everything through life, including self-sustentation, self-reliance and individual independence.

Charity hospitals are a necessity, and are a haven of refuge to the poor who represent the underside of humanity. These representatives may be materially lessened in number by an education in mechanics. The young man and woman who have skill and know how to do things in a superior way are of the class sought for in every walk in life.

Physicians as a class know each other fairly well, and they know that one man's services are actually worth more than another's because of a known skill attained, and this is a rule in every occupation. It is a know how that is wanted and compensated, and it is the grandest, highest charity in the world to be able at second-hand to give employment to the idle. It is not usually the fault of the unoccupied that they are without work, but is generally

due to the fact that the individual is without a special training that will enable him or her to know how to do ordinary, every-day things well, and at this time there can be no greater benevolence conceived by man than the creation of ways and means for a furnishing of occupation for the unemployed.

NOYES PARK.

The first of the current week Mr. J. C. Noyes presented the city of Cincinnati with a tract of more than nine acres of ground located in Avondale for park purposes. The conception of a gift like this betokens a man of large heart and benevolent disposition.

Cincinnati is greatly in need of such donations. There are scores of men who have accumulated wealth in their home city who owe—yes, owe—a contribution of some sort that will perpetuate their names in grateful memory, and a better way than the one adopted by Mr. Noyes can scarcely be found. Such gifts to the people become monuments which forever perpetuate the name of the donor. To be able to give gifts of this nature is an inestimable privilege, and while it is always more blessed to give than to receive, where there are so many to share in the benefits the blessing becomes so great as to reach beyond all ordinary computations.

Cincinnati needs additional parks. The lower part of the city is solidly built, which means that there is no place in this large district for children to play or have recreation on the ground. This is bad for both children and parents, and leads to degenerative changes in the child. The Noyes Park is but a short distance from one of the Avondale schools, and to the children of that vicinity will be a veritable God-send. So densely populated is the

down-town districts of Cincinnati that positive efforts of a public nature should be inaugurated for an encouragement of people to go to the suburbs. In the near future there will be an annexation of adjacent villages. It has been noticed that after such annexations there have been immediate considerable migrations of population to the new city districts. That this will again occur is beyond a reasonable doubt, and additional park environments will not only become desirable, but a very practical necessity, and wherever it is possible to have them located in the vicinity of school-buildings their value will be greatly enhanced.

“Keep-off-the-grass” signs are an offense, and should be forbidden in all public grounds. They limit their intrinsic usefulness, and should be abolished. Parks and parks, one after another, should be found in every city. In a great measure these open spaces are indicative of the progress, refinement and culture of the cities in which they are located. They are health-giving and cultivators of good morals.

All honor and glory to Mr. Noyes for his gracious gift! Long may he live to witness the good that will come from his generous benefaction! Then let us all pray that his tribe may increase.

At the annual meeting of the Cincinnati Obstetrical Society, held February 1, the following gentlemen were elected to serve during the ensuing year: President, Dr. C. A. L. Read; Vice-President, Dr. W. Porter; Secretary, Dr. Magnus Tate; Treasurer, Dr. Magnus Tate; Recording Secretary, Dr. E. McKee.

ACADEMY OF MEDICINE.—Monday evening, February 26: Case reports.

Book Reviews.

Clinical Lectures on Neurasthenia. By THOS. D. SAVILL, M.D., Physician to the West-End Hospital for Diseases of the Nervous System, London; Examiner in Clinical Medicine in the University of Glasgow; formerly Medical Superintendent of the Paddington Infirmary; Assistant Physician to the West London Hospital, etc., etc. New York: William Wood & Company, 1899.

An attractive-appearing monograph of 144 pages, well-printed from clear type on cream-laid paper, uncut edges.

Very naturally a book of clinical lectures possesses interest for two classes of readers: First, for those who have heard the lectures and observed the patients on which they are based; secondly, for those engaged in clinical teaching themselves. To both classes the present volume will be welcome, since it portrays a phase of neurological medicine which is perhaps peculiar to the time and country in which it originates.

The book displays evidence of much commendable research and thought on the part of the author, who very rightly insists on the impropriety of considering neurasthenia and hysteria as synonymous. In this respect he is in advance of some otherwise high Continental authors.

The author is in accord with most modern neurologists in his conception of neurasthenia as a state of irritable weakness with fatigue. Cases on the border-lines of insanity are described, as well as a distinct type of psychosis which the author thinks is entitled to be designated "neurasthenic insanity." This is contrary to the general conception of neurasthenia as a "benign" neurosis; nevertheless, much may be said in favor of the author's contrary position.

The treatment advised is commendable, consisting of eliminative and reconstructive measures, with rest. Even the "soothing influence of the pipe" receives recognition as a possible preventive, which might lead some to suspect the author to be addicted to the weed himself.

Prosperity amongst the working

classes and its concomitant, freer indulgence in alcohol, is looked upon by him as a potent cause of neurasthenia in England.

A bibliography is a feature of the work, in which, however, the important paper of Knapp, published in *Brain*, 1897, is "conspicuous by its absence."

As a careful, painstaking record of personal experience by a teacher having at his command a wealth of clinical material, the book well deserves recognition.

L.

Transactions of the American Ophthalmological Society. Thirty-fifth annual meeting. New London, Conn., 1899. Hartford: Published by the Society, 1899.

These transactions are very similar to previous volumes. They are intended strictly for the specialist, and as such contain reports of rare and anomalous cases, of no value and certain to be but little read by the average practitioner. The list of contributors includes such names as Verhoef, Buller, Teasey, Bull and Randall.

M. A. B.

INTERNATIONAL CONGRESS OF MEDICAL ELECTROLOGY AND RADIOLOGY.—At the request of the French Society of Electrotherapy and Radiology, the International Congress of Medical Electrology and Radiology, the initiative of which it has taken, is connected to the International Congress of 1900.

A commission, which is composed of Messrs. Weiss, Professor at the University of Paris, President; Apostoli and Oudin, Vice-Presidents; Doumer, Professor at the University of Lille, General Secretary; Moutier, Secretary; Boisseau du Rocher, Treasurer, and of Messrs. Bergonie, Professor at the University of Bordeaux; Bouchacourt, Branly, Professor at the Catholic Institute of Paris; Larat, Radiquet, Villemain, Surgeon of the Hospitals of Paris, have been asked to assure its organization.

This Congress will take place in Paris, from the 27th of July to the 1st of August, 1900.

All inquiries for further information must be forwarded to Prof. E. Doumer, General Secretary, 57 Rue Nicolas-Leblanc, Lille.

Adhesions are to be sent to Dr. Moutier, 11 Rue de Miromesnil, Paris.

The General Secretary

PROF. E. DOUMER.

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WHOLE VOLUME LXXXIII.

Original Articles.

TETANUS.*

BY T. A. MITCHELL, M.D.,
OWENSVILLE, O.

In the few remarks that we shall make upon this subject it is far from our intention to enter well into the pathology and etiology, as it is openly admitted that our knowledge along this line is quite limited; but rather to narrate in a general way our personal observations and experience with this dread disease.

It has been our fortune to have been associated with no less than four cases during the last fifteen months, three of which terminated fatally, the fourth and last making a complete recovery.

The symptoms which characterize this affection are undoubtedly referable to an abnormal influence of the nervous centres which control the action of the voluntary muscles.

Dr. Allbutt, and others, state that after death from tetanus the spinal cord shows intense congestion, with structureless exudations, especially in the gray matter. Whether these changes are the cause or the effect of the abnormal nerve action in this disease is not so easily determined.

To one who has not seen tetanus, we know of no more striking comparison to make in reference to its general symptoms and appearance than to cases of strychnia poisoning. We do not mean to infer by this that we consider the *modus operandi* of strychnia and tetanus the same.

All writers that we have followed

divide lock-jaw into two classes—traumatic and idiopathic—and the cases that we shall refer to readily divide themselves under this classification.

There are many phenomena presented by traumatic tetanus to lead us to think that the violent muscular contractions are due to irritation set up in the peripheral distribution of a nerve, and that this hyper-action, once established, is conveyed along the nerve course to the spinal cord, exciting by reflex action the muscles near the injured nerve to a state of spasm. The irritation subsequently extending and involving the entire length of the spine, after which the slightest impressions made upon the system at any point being sufficient to produce the most violent of paroxysms.

But when we personally observe these cases it is somewhat difficult to come to the conclusion that all the manifestations are due to a reflex action. It is the exception rather than the rule for the muscles in the neighborhood of the wounded part to be first involved; it matters not where the seat of injury may be located, in the vast majority of cases the muscles of the face are the first to manifest the presence of the disease, giving to the face a pinched expression. After this follow the involvement of other groups of muscles in the order of the masticators first, then those of the neck, then the back, then those of respiration, and lastly those of the extremities.

In the traumatic variety any lesion seems to be sufficient to cause the development of the disease—the stubbing of the toe, the pricking of the finger with a needle in ordinary sewing, the scratching of the body surface with a pin—in short, the most trivial of injuries have all been known to cause the disease. And the severest of injuries,

* Read before the Miami Valley Medical Society, October 10, 1899.

and the heaviest of operations, seem no more likely to be followed by it than the most insignificant dissolutions of continuity. Proportionately, more cases arise from injuries to the feet and hands than all other parts of the body combined; and of these, injuries to the plantar and dorsal surfaces seem to be especially liable to tetanic developments.

CASE I.

The first case we mention comes more properly under the idiopathic variety, and occurred in a little neurotic girl, nine years of age, with tubercular parents.

At a Thursday noon intermission of school she, with other scholars, was playing with alder syringes, vulgarly called "squirt-guns," when a playmate slipped up behind her and ejected quite a stream of water forcibly into her ear. She manifested considerable nervous excitement at the time, but had no pain. She remained at school the remainder of that day, and also the next. On Saturday her parents observed that she was nervous and restless, and had an unusual expression of countenance. On Sunday morning I was called and found a severe case of tetanus fully developed. Shortly after I saw her she went into a severe paroxysm, which never relaxed until death, early Monday morning. The muscles of respiration became so badly involved that this function was arrested, and she died of asphyxia. We used all the time-tried remedies for producing relaxation, but with no perceptible effect whatever.

CASE II.

The second case occurred in a little girl, aged five and one-half years, of neurotic parentage. During hay harvest she caught her hand in the ground pulley of a hay fork, tearing the fleshy part from three fingers of the left hand, leaving the index finger and thumb intact. The wounds were but flesh wounds, and not particularly severe. We dressed them in the ordinary way, using antiseptic precautions, with iodoform and boric acid as a dressing. Three days afterward, in examining the wound, we found gangrenous mani-

festations in the finger next the little one, and two days later, being the fifth from injury, we amputated the finger at the middle joint, but finding a little dead flesh extending up the bone and next to it, we immediately re-amputated at the last joint, disarticulating at the palmar joint, where all parts seemed perfectly healthy. The wounds all did seemingly well from this on. Four days after the amputation, and nine days after receipt of the first injury, she became nervous and restless and complained of her jaws being a little stiff. By the next day all the leading symptoms of tetanus were present, opisthotonos being strongly marked. We placed her under opium and cannabis indica, nourishing with milk and keeping the bowels lax. All seemed to be doing fairly well until the sixth day, when, under a severe paroxysm, the heart failed in its action and she died, fifteen days after receipt of first injury and six days after first symptoms of tetanus.

In this case large doses of opium (and it takes unusually very large doses of any and all narcotics in all cases of tetanus) had a very decided and satisfactory controlling effect upon the paroxysms, and we were beginning to feel quite hopeful of a satisfactory result when the heart paralysis occurred.

CASE III.

We saw the third case in consultation with a neighboring physician, and are not in possession of definite data in reference to it. It occurred in a lady some forty-odd years old, and was induced by an abortion, developing some ten days after the abortion. She died the third day after the induction of the tetanic symptoms. I saw her a few hours previous to her death. Her pulse was then quite rapid, and temperature considerably elevated—conditions which almost certainly foretell death within a very short time.

CASE IV.

The fourth case occurred in a young man, seventeen years of age, of fine physical development, of a very decidedly neurotic temperament, and of

neurotic parentage equally strongly marked.

On the fourth day of August he ran a splinter in his foot, just above the level of the top of the great toe, and about midway between it and the next toe. He immediately extracted, as he thought, the splinter. The wound failed to heal, and kept discharging a thin, watery, acrid secretion. On the ninth day he felt a little nervous, and some pain was present in the wound. On the morning of the tenth day he felt a little stiffness of the muscles of mastication when eating his breakfast. Not being satisfied with his condition, he came to my office, a distance of three and one-half miles. He then felt just the least bit of stiffness in his jaws, and had a little pain in the back; the wound was a little painful, so slight as to hardly attract his attention, and discharging, as stated. We made a careful examination of the wound and found a section of the original splinter, about three-fourths of an inch long, and one-fourth inch wide; this we removed, cleansed the wound, gave him a nervine, and sent him home. We heard nothing more of him until the 17th of August, when he again presented himself at my office. The wound was almost healed, and presented a perfectly healthy condition. His jaws were still just a little stiff, about the same as on the 14th, but the pain in the back was more pronounced, and his expression was a little anxious. Previous to this time he had been attending to his farm duties regularly; we advised him to return and keep himself quiet until he got better. We also gave an active purgative, and placed him upon the triple bromides, ten grains every two hours. The next day he felt better, and went on foot to visit a neighbor, one mile distant. The next morning, not feeling so well, he sent for me. We then found him with very anxious expression, severe pain in the back and just under the sternum, muscles of the jaws about the same, tongue a trifle stiff, interfering somewhat with his articulation. We immediately segregated him from the remainder of the family, sent for a professional nurse,

fully believing that we were destined to have a serious case. We placed him upon grain-doses of opium, repeated every four hours, alternated with hioscyamus and belladonna. By the next morning all the leading symptoms of tetanus had manifested themselves. His body was considerably arched backward, his abdominal muscles all very hard, his jaws set, his tongue so stiff that we could scarcely understand him, having severe paroxysms on an average of one every half hour, and showing no constitutional effects of the drugs he had taken. We doubled the amount of opium, and substituted strychnia, one-twentieth grain, in the place of the hioscyamus and belladonna. Returning four hours later we found all the conditions increasing in severity, and no appreciable effect from opium. He was having frightfully hard paroxysms every few minutes, and it looked as if he might die any hour. We should state that he had up to this time had no sleep whatever since the intervention of the positive symptoms of tetanus. We now weighed out forty grains of hydrate of chloral and gave it to him. In about fifteen minutes he became bathed in perspiration, the severe paroxysms ceased, he became tranquil and dropped into a quiet sleep which lasted for two hours.

Some five hours after giving the first chloral the severity of the paroxysms again began to manifest themselves; we again gave the chloral as before, with the same result. From this time on this remedy proved to be the sheet-anchor, always controlling the spasms and producing rest when given in lethal doses. Usually we had to give but twenty grains to get the desired effect, and sometimes ten grains would have a very salutary effect. The frequency of its administration was always governed by the indications for its use. Sometimes he would go for six to seven hours without requiring it. The opium was continued during almost the entire course of treatment, it averaging one grain every four hours to have any effect upon the pupil.

The opisthotonos was strongly marked during all the course, requir-

ing several pillows under his back to fill the space caused by the curve upward. The abdominal and thoracic muscles were hard like boards for twenty-eight days before any appreciable relaxation could be detected.

During the entire course the bowels were kept moving by daily injections, and milk was continually given him for nourishment.

During the four weeks that he was so sorely afflicted the utmost seclusion was maintained, together with absolute quietness, the walking on the floor, the rustling of a window-shade, the stirring of the bed-clothes, the barking of neighboring dogs, all being exciting causes that would bring on paroxysms.

Now, after a lapse of ten weeks from the inception of the wound, he is up and around, and shows every encouragement of making a complete and perfect recovery.

Our observation with this disease has led us to conclude that, as with many fevers, so with tetanus, it has a definite course to run. If we can aid our patient to out-weather the storm by giving him as much strength as possible, and not add fuel to the fire by giving him all sorts of medicines and making innumerable external applications, we will have done well. Were I to have other cases I should rely much upon constant watching and attention, both day and night, absolute avoidance of all cause of excitement or disturbance, unflinching perseverance on the part of patient, nurse and physician, avoiding all drafts or currents of cold air, and the preservice of an equitable temperature as possible, the constant care and presence of a proficient trained nurse, with discretion and judgment to administer opium and chloral hydrate to constitutional effects as needed by the severity of symptoms manifesting themselves.

Of all the remedies that we have used, and it includes almost the entire range recommended for this disease (antitoxin excepted), we would place most reliance upon chloral hydrate, together with sustaining liquid diet and open secretory functions.

CASE OF ALOPECIA AREATA (CELSUS)*

BY M. L. HEIDINGSFELD, M.D.,
CINCINNATI.

The patient that I present this evening shows a well-defined case of alopecia areata (Celsus), and some interesting features aside from the extreme youth of the individual and long duration of the disease. The condition manifested itself three years ago, when the patient was six years of age. At that time the hair disappeared from circular areas, which were distributed for the most part near the vertex of the scalp. The older patches have gradually been replaced by a growth of new hair, and new patches have made their appearance from time to time, so that for the past three years the patient has never been entirely free from the pathological process.

The patches have shown a tendency to group themselves nearer and nearer to the free border of the scalp with each successive crop, so that for the present they form almost a complete chain around the border of the scalp, while the more central portions, the former area of predilection, are almost free. The denuded areas are more or less circular in outline, vary in size from a silver quarter to a silver dollar or larger, and are entirely devoid of hair. The affected scalp is uninfamed, shows no scaliness, and is smooth and glistening in appearance, closely resembling an eel's skin. A denuded area, two inches in breadth, extends from the left temple posteriorly, around the free border of the scalp, to the right ear; two patches, each the size of a silver fifty-cent piece, are situated over each temple; and one, considerably larger, extends over the forehead. The central portion of the scalp shows but one patch, the size of a silver quarter, situated near the occipital protuberance, one-half inch to the right of the median line.

The cause of this condition still remains clouded with considerable ob-

* Presented to the Academy of Medicine of Cincinnati, December 18, 1899.

scurity. Many authorities consider it parasitic in nature, and produce evidence of this character to support their views: the disease yields readily to parasitocidal treatment, *e.g.*, chrysarobin, sublimate, etc.; (their opponents state, however, that the disease is self-limited, and generally yields promptly, even without local treatment); it frequently rages in epidemic form in bar-

has been able to produce the condition artificially in cats and rabbits by severing the cervical nerves. I have noted a strong neurotic element in most of the cases that have come under my personal observation. In this patient before us we are informed that he is frequently subject to severe headaches, that they occur mostly in summer, and are easily induced by the presence of



racks, prisons, etc., and for a comparatively rare disease the number of cases is entirely out of proportion. Those who oppose this view maintain that inoculation experiments are barren of results, and contagion by direct contact does not occur. Furthermore, all efforts to discover and isolate a specific micro-organism have proven futile.

Many are inclined to believe that a neurotic element is a strong factor in most cases, and most prominent of these is Max Joseph, of Berlin, who

immoderate heat, as, for example, sitting too long near an open fire. He is troubled with insomnia, and is invariably the first to arise in his large family, usually about four o'clock in the morning. When one and one-half years of age, he experienced a severe attack of pneumonia(?), and was confined to bed for three months. He was at times delirious, and an otitis media purulenta developed, which persisted constantly to within one year ago. Hearing in the right ear is impaired,

He is small in stature and under-developed, and a brother, two years his junior, is taller and a stronger-looking boy. He is easily excited, and possesses an emotional nature.

I wish to cite a few other cases in reference to the neurotic element of this disease.

One patient, a man of fifty-eight, developed an alopecia areata of the scalp, and which spread to the head, moustache, eyebrows, and elsewhere, at the time that his only child developed an acute insanity. As soon as his daughter became restored to health, after an interval of about eight months, the alopecia disappeared.

Another case, involving the moustache and beard, occurred in a business man, who at the time had trouble and litigation with his partner.

An interesting case, involving the scalp, occurs in an individual who is very phlegmatic by nature, and as regards temperament, cannot ascribe a single predisposing cause. He enjoys excellent health, is not troubled with insomnia, and is quite free from every form of mental worry and excitement. In this case, although the condition has existed for two years, it has been limited to the left side of the scalp, and does not transgress beyond the median line, resembling in this respect herpes zoster, nevus linearis, and other distinctly neurotic affections.

In most cases we can obtain without much difficulty a predisposing cause, neurotic in nature, such as mental worries, great responsibilities, domestic infelicities, financial reverses, bereavements, etc., but how much of a factor they are in etiology is, of course, problematical.

It is rarely we observe cases in such young individuals, a fact that can be accounted for by the absence of predisposing causes. My personal experience induces me to take issue against the parasitic theory, and to agree with those authorities who maintain that a neurotic element predisposes, if not actually excites the condition, as has already been demonstrated by experiments on animals.

22 W. Seventh St.

CLINICAL REPORT OF SOME OBSTETRIC CASES.*

BY ALFRED GAITHER, M.D.,
CINCINNATI.

In response to the invitation of your Secretary, I present this evening the histories of a few cases of labor that have features aside from the ordinary.

I have not attempted to give references to the literature upon the different classes of cases herein described, because I preferred to devote the time allowed me to the description of these cases as they actually existed, and not take up time by referring to text-books or periodicals containing similar cases, with which, undoubtedly, you are all familiar.

CASE I.

Mrs. B., city, aged thirty-seven; one premature birth at eight months (four years previous). Strong, well-developed woman of about 125 pounds weight. Called me August 2, 1898. I saw her at 1:30 P.M. and found her in labor, which had begun at 1 A.M. of that day (twelve and one-half hours previously). The membranes had ruptured at about 10 A.M. The os was dilated to the size of a silver dollar, or slightly larger. I found the breech of the child presenting L.S.A. The pains were irregular and inefficient, and so continued until 9 P.M., August 4. The pains then became stronger, at about three minute intervals, until the breech of child was pressed into inferior strait, where it seemed to become impacted; then they became weak and infrequent. (The fetal heart could be heard and the mother was in good condition.) This condition was maintained until 1 A.M., August 5, when, after administering chloroform, I applied forceps to the breech, which I brought down to the perineum, detached forceps, drew down legs, then arms, and delivered the woman of a living male child weighing eight pounds twelve ounces, without lacerating the perineum. The child appeared at first to be dead, but by

* Reported to the Academy of Medicine of Cincinnati, January 22, 1900.

dint of artificial respiration and vigorous stimulation of the reflexes it was brought around and continued well. It was impossible during the interval of pains to draw down legs of child, and as the child and mother were both in good condition I did not think it advisable to apply forceps until absolutely necessary. The impracticability of inducing forcible delivery during interval of pains was apparent. To have adopted such a course would have necessarily sacrificed the life of the child and jeopardized the welfare of the mother. It was precisely to avoid these two evils that I adopted this conservative policy, the wisdom of which is justified by the result as recorded.

CASE II.

Mrs. T., city, aged twenty-five; three children, one miscarriage. On June 18, 1898, was seized with symptoms which seemed to threaten another miscarriage. Her attending physician summoned me at 10:30 A.M., when I found she had suffered from severe hemorrhage. She was badly nourished and was of slight build. Examination revealed a case of placenta previa and an undilated os. There were no pains. I advised the removal of patient to Christ's Hospital, on Mt. Auburn, but the husband of Mrs. T. would not consent to this. Then I insisted upon her having perfect rest, and both her physician and myself instructed Mr. T. to call us at once should she have another hemorrhage. At 4 P.M. I was summoned again, and found that she had had another severe gush. As her surroundings were not favorable, and being positive as to the diagnosis of the case, I insisted upon her going to the hospital. Consent was then given, and I telephoned to Christ's Hospital, and was informed that the obstetrical ward was being repaired, consequently closed to patients, and that it would be impossible to give Mrs. T. a room in the private ward; so, there being nothing else to do, I had her taken to the Miami Maternity Hospital. At 6 P.M. the next day I was again called, and found her very weak from another gush, by far the most

severe that she had experienced. I found her with hips elevated and resting quietly under the supervision of the nurse. I remained in the hospital to be near her. At 1 A.M., June 20, I was again summoned on account of hemorrhage. There was now an excessive and steady flow of blood instead of the previous gushes, and I decided to pack the vagina with gauze. This was done thoroughly. At 7 A.M. the pulse became weak and rapid, and I summoned Dr. W. H. Taylor in consultation, who confirmed my diagnosis of placenta previa, as well as my proposed forced delivery. As the hemorrhage was under temporary control, it was decided, however, to watch the patient closely, with the hope of giving her a few hours in which to recuperate, but with all preparations at hand for immediate interference should the symptoms demand it. At 3 P.M., in the presence of Drs. Taylor, Dandridge, G. L. Bailey and Hoeffling, the patient was given chloroform, and I commenced the dilatation of the os by inserting the index finger of my right hand. As the dilatation progressed one finger after another was added to form my wedge, until all four fingers and thumb were introduced, a proceeding which occupied from one-half to three-quarters of an hour.

I followed the direction of the least resistance, which was toward her right side, until I passed beyond the placental margin, when I punctured the membranes and found a vertex presentation (L. O. A.). Without withdrawing my hand I caught the child's right foot and made podalic version. I used vigorous traction with the object of immediately engaging the buttock in the placental site, with the highly gratifying result that we were unembarrassed with further severe hemorrhage. The patient was delivered of a living male child of about seven and one-half months' utero gestation and weighing five pounds. The mother and child left the hospital at the end of the fourth week.

CASE III.

Mrs. F., aged twenty-eight, Four

children, no miscarriage; was under the care of Dr. Landmann, who called me October 6, 1898, to see the case with him. I found a short, stocky woman, well nourished and strong (pregnant evidently at full term, but she was uncertain as to the stage of her pregnancy). She was edematous in face, hands, feet and legs. Dr. Landmann had diagnosed albuminuria, and was prescribing potassium citrate, cathartics and diaphoretics. On October 9 Dr. Landmann, being called out of the city, sent his patient to the Miami Maternity Hospital with the request that I take charge of her. On admission she was still markedly edematous, her urine being scanty and so loaded with albumin that it almost consolidated on the addition of strong HNO_3 , without the application of heat. I immediately called Drs. C. E. Caldwell and G. L. Bailey to see the case, and they agreed with me that the case was a most discouraging one, and warned me to be prepared for eclampsia. At 1:40 A.M., the same night (or rather the morning of October 10), she was delivered of a male child (L.O.A.) after a brief and uneventful labor. There was an excessive amount of amniotic fluid. The child weighed only four and a half pounds. The patient was put to bed in a comfortable condition. Tincture of strophanthus was added to the therapeutic measures which had been ordered before her admission to the hospital, and which had been continued. Her skin being reasonably active, pilocarpine or other depressants were not given. She voided her urine naturally. It mingled with the lochia, and hence its exact quantity was not ascertained, but it was certainly considerably under normal. Her satisfactory condition and progress allayed apprehensions of eclamptic complications, although the medicinal treatment was carefully followed.

This satisfactory condition continued until the night of the 13th, when her husband and sister returned to their home in Huntington, W. Va. (there being no longer urgent reason for their longer stay in Cincinnati). The next morning (the 14th) at 7:30, after

eating a breakfast which she apparently enjoyed, and in the midst of every apparent comfort and satisfaction, she suddenly became speechless and then semi-comatose. From this stage she lapsed almost immediately into profound coma. She was placed in a hot pack. Dr. W. H. Taylor was called in consultation and was present before 9 A.M., and saw her two other times during the day. She was given ten minims of veratrum viride hypodermatically. Was repeatedly catheterized, but no urine was found. The veratrum viride was continued at intervals of first every half-hour, then every hour. The hot pack was maintained throughout. Temperature from 99.2° to 96.8°. Pulse now became very rapid and feeble. There were at times some evidence of reaction, the skin becoming moist. There was, however, no signs of returning consciousness. She died at 2:30 P.M.

CASE IV.

On Saturday evening, October 7, 1899, about 7:30, I was called to the telephone and told that a Miss L. had been taken to the Miami Maternity Hospital showing symptoms of labor. I at once started for the hospital, and upon arrival there saw Miss L. She was in labor. The pains were about twenty minutes apart, but she seemed to be neurotic, consequently had no control of herself and was most irascible. Miss L. was a woman of about twenty years of age, a primipara, well nourished and in good physical condition. Examination showed a dilated os of the size of a silver half-dollar or slightly larger, ruptured membranes and the presentation by breech of the child. The child was in L.S.A. position. I dilated os digitally and at about 5 o'clock A.M. the child's breech was pressing on the mother's perineum. The pains were irregular and of no force; the patient was stimulated with a little whisky, and at about 6:15 A.M. the left hip of child rotated forward until left buttock was pushed down to the mother's vulva. All uterine contractions then ceased, and it seemed impossible for me to draw the child down

to a point where I could bring traction through my index fingers applied to each groin. This condition lasted until 3 P.M. Sunday, October 8. At 3 P.M. I managed to hook both index fingers in groins of child, and by gentle rotary traction to turn child enough to bring down both buttocks, then to draw down legs, then went after arms and delivered mother of a living male child at 3:20 P.M. Then, to my surprise, upon attempting to remove placenta I found another mass in the upper part of uterus, protruding from the right side. Upon introduction of my fingers felt a membrane distended; I knew then that there was another child in the uterus; the placenta of first child was attached to left side of uterus. As the nails of my fingers had become soft by the constant soaking in creolin solution, I took one blade of a pair of scissors, and with that ruptured the sac; slipping out the scissors blade I hastened to catch the feet of the child and made version, delivering Miss L. of a female child at 3:40 P.M. This child caused a laceration of the mother's perineum, which was immediately repaired after delivery of placenta, before patient was out of the anesthetic. Upon the placenta being expelled I found that there were two small placenta which had been situated upon opposite sides of the uterus, with the membranes interwoven, forming practically the figure 8, each child being in a separate sac. Miss L. was discharged from hospital at the end of third week with her two children.

CASE V.

At about 10:30 A.M., August 8, Dr. Otto Juettner asked me to take charge of a case of his. History: Thirty-six years of age, five children, one miscarriage. Dr. Juettner had been called to see Mrs. H. Sunday morning, August 6, 1 A.M.; found her a woman weighing about 170 pounds, in labor, but while the pains were severe, there seemed to be no progress toward delivery. This lasted until Tuesday, August 8, when Dr. Juettner sent patient to Miami Maternity Hospital. I saw Mrs. H. about 11:30 A.M., August 8,

and on examination found the os well dilated, membranes unruptured; position of child L.O.A.; the transverse and antero-posterior diameters were not of the normal length. The pains were of no avail. This condition remaining unaltered at 4:30 P.M., I gave her fifteen grains of chloral; at 4:45 repeated the dose of chloral, without seeming to quiet patient. At 5 P.M. gave another fifteen grains of chloral, and while patient was in good physical condition the pains continued without apparent progress of labor. Pains were spasmodic and of short interval and duration. At 9 P.M., August 8, I gave her thirty grains of chloral hydrate, followed at 9:15 with fifteen grains, which was repeated at 9:30; no apparent effect. Mrs. H. slept from 12:15 to 1 A.M., when her pains became severe, but still no progress. Watched patient carefully, and at 6 A.M., August 9, called Dr. Juettner and told him I would operate on patient at 9 A.M. or sooner, and asked him to come to hospital as soon as possible. In the presence of Drs. Taylor, Juettner and Bailey, after the patient was anesthetized with chloroform, I applied the axis-traction forceps (the Tarnier) at 6 A.M. My forceps slipped, and seeing that they were inefficient in this case I immediately detached them and hastened to attempt podalic version, which was accomplished with great difficulty in about thirty minutes, the trouble in the delivery of the child being to get the arms down, which were crossed behind the head, so it took considerable time to accomplish this. The child at birth was alive, gasped, pulse good, but could not be sufficiently stimulated to continue the functions. Death was probably due to cerebral hemorrhage. Mrs. H. left hospital in good condition on the fifteenth day after operation.

CASE VI.

Miss G. was received at Miami Maternity Hospital January 16, 1899, aged eighteen years, primipara, weighing about 120 to 125 pounds, well nourished and in good condition. No specific history; wished to work in hos-

pital until time of her confinement. At about 11:30 P.M., April 2, was called to hospital to see Miss G. Found her in active labor, membranes ruptured and both feet of child prolapsed (which were clubbed), consequently I made slight traction (thinking child was dead, not having used my stethoscope to determine heart sounds), and brought breech of child down on mother's perineum; then I found the child had an inguinal hernia; could not deliver child owing to suppression of the uterine pains. Wrapt a towel around child's legs and made severe traction. Body of child slipped through vulva, and then I saw the child had a spina bifida. Managed to shell head through with only a slight laceration to mother's perineum. The child upon examination showed club feet, spina bifida, osteoma on occiput, cleft palate, inguinal hernia, cataract on each eye and lateral curvature of spine. Upon preparing the baby as a specimen I found it had no testicles, but one kidney and an abnormally large liver. Mother left hospital in good condition on seventeenth day after delivery.

[For discussion see p. 202.]

Lanolin for Enlarged Glands.

Thorough inunction with this agent causes rapid reduction in size and marked lessening of pain, says A. C. Frickenhans (quoted in *Pediatrics*).

Dislocations of the Shoulder.

It is a good point to remember that in practically all dislocations of the shoulder, the elbow cannot be made to touch the chest on the affected side, whereas in fracture of the neck of the humerus the patient can always accomplish this manœuvre.—*International Journal of Surgery*.

PIN worms about the rectum, in women, are a frequent source of pain which may resemble a good deal the pain of coccygodynia. In other instances they lead the patient to believe that some uterine disturbance exists.—*International Journal of Surgery*.

HEREDITY.

BY JOSEPH SAGER, M.D.,
CELINA, O.

The "Encyclopedic Dictionary" thus defines the word heredity: "The tendency which there is in each animal or plant in all essential characters to resemble its parent, so as to be of the same species." The conception of heredity is that like begets like, and individual species will produce its own kind. Cats have descended from cats and dogs have descended from dogs, apple trees bear apples, if you sow wheat you will reap wheat, and so on. We may still be more explicit: All that belongs to man is a body and spirit, which comes to him through his parent.

The human family is divided into five races, the Indian, African, Malasian, Mongolian and Caucasian. The race characteristic is hereditary. These races or divisions are divided and subdivided into tribes and families. These tribes and families have their peculiar traits and characteristics. Many tribes and families have their own languages and dialects, but this does not exhaust the popular conception of the meaning of heredity. It is the individual heredity; by this heredity we mean that an individual will beget a child which is the image of the father or mother, or both—the personal resemblance in the general structure of the body, in the height, size, tendency to obesity or leanness, the color of the hair and eyes. There is also transmitted in the organism certain diatheses which will favor certain diseases, such as consumption and other diseases of the like. This is what is called, or may be called, organic heredity or direct heredity. But by the law of heredity the child should inherit the peculiarities of the parent, physically, mentally and morally. If, for instance, the parent is a thief, a professional one, the child may be expected to inherit a thieving disposition, and readily follow in the business of the parent. If the parent is excessively proud, avaricious or hard-hearted, or kind-hearted and benevolent; if the parent has a peculiar taste for the study of mathematics or languages, mimic or

drawing; if wide awake and aggressive, or indolent and shiftless; if content with life in the slums, at home in squalor and filth, or ambitious of high position and noble attainments, by the law of heredity the child will be expected to take after the parent, prove his title to be a "chip out of the old block."

But right here comes in certain strange and puzzling facts, that practically so completely complicate the whole question and mix it up that we become confused and liable to mistake as soon as we venture to predict from the known character of the parent what will be the natural bent of the child. For we know that children who were taken from houses bathed in slums, squalor and filth, have become healthy, hearty and strong-minded men and women; but some might attribute it to atavism—that is, the inheritance had descended from grandparents or great-grandparents through father or mother.

There is a solution to this intricate problem, and that is mimicry of heredity or mimic heredity. In an article written by George Bachelor for the *New World* in February, 1894, he says: "A child is born with organs, aptitudes, powers, possibilities, desires, impulses, and with instincts, but it is born without ideas, knowledge, habits or moral character. These furnishings of the mind, however, are at hand, waiting to press into the new-born child and become a part of him; once inside, they are no longer a part of his environment, but are commonly supposed to have been born in him." There is much in this statement. We are constantly charging to organic or direct heredity follies and sins that are clearly the outgrowth of environment. Suppose, for the sake of argument, that a baby boy, well nourished, is born of parents with strong appetite for the intoxicating cup or a thieving disposition—in fact, the parents have bad habits all around. Now suppose these propensities are latent in the boy; if these propensities, bad as they are, find no food to feed on, but, on the contrary, if the boy is kept clean, with good surroundings, good wholesome food, good moral training, educating

him for some good purpose, where will these bad propensities be at the end of fifteen years? The answer is, they are starved, but instead the brain is moulded and cultured for a nobler purpose.

It is freely admitted that a child will inherit character, peculiarity and proclivities from its parents, and if bad, if allowed to remain with its parents, surrounded with bad influences and bad precepts, and the brain is moulded by bad training and bad environments, of course there is a bad child growing up.

In giving this subject a retrospective view, glancing at the human family in its primitive stage and the progress it has made to the present time, history says, what a change! And what did it? What is man to-day? It may reasonably be inferred that civilization would not have made its present advances, that the mental capacity would have remained largely undeveloped, had not the sense of helplessness and the pressure of wants, which have contributed to call forth his resources, to stir up the gift of Providence, to rouse reason and inventive powers to action, would otherwise have continued dormant and to excite benevolent affection by the demand man is compelled to make for society of his kind.

A healthy surrounding, a peaceful surrounding, a surrounding that has a tendency to elevate, educate and magnify the human family, is what improves health, wealth, and makes character. This applies to nations as well as to individuals. Nations that have been isolated, so there was no contact or interchange with the more civilized nations, are in the back-ground. China is one of the nations which is in arrears with her civilization on this account. The Chinese wall, which was built 220 years before the Christian era, has isolated that empire from other civilized nations for more than two thousand years. Until within the last century China was no farther advanced than she was two or three thousand years ago. Japan is coming to the front out of the darkness since she is in contact and interchanging ideas with the more civilized nations. History has repeated itself in this line again and again.

But to return to individual heredity. While a vast array of facts may be presented to prove that as a general thing the qualities and propensities of parents are transmitted to their offsprings, it is also true that the law of heredity is by no means uniform in its operation. There are cases on record where not the least mental or moral resemblance exists between the offspring and the ancestors. Ex-Governor Burke, of North Dakota, who, when a small boy, was taken from Five Points, New York, to the Western prairies and placed with well-to-do farmers, grew up and became Governor of North Dakota. Listen to what he says: "I believe that the tendency to viciousness may exist in the child, but very often it is dormant; the child is not yet old enough to allow it to have been developed. I believe if such a boy were to continue to live in the same environment to which he had been accustomed from birth, associating with the children of his class, many of whom might be worse than himself, I believe that under these circumstances the hereditary taint would in course of time show itself; but we get such boys when they are young, we transplant them to a wholesome farm life, where they learn something of the amenities of the family and domestic existence, if they had this dormant hereditary tendency it is soon eradicated under the new and wholesome conditions."

Hon. Henry Wilson, once Vice-President of the United States, had the same experience. He was born in a home of squalor and intemperance. When he was ten years old he was bound to a family by the name of Wilson (his name was Colbath). When he came to mature years he had his name changed to Wilson by applying to the Legislature of New Hampshire. Almost everybody is familiar with the dinner he gave to his friends at the Boston Hotel after his first election to the United States Senate. Some of his friends wished to know where the wine-glasses were. Mr. Wilson, with much feeling and courtesy, said: "Some of you know how the curse of intemperance overshadowed my youth."

And so we might continue our list with men and women of low birth and bad surroundings, but by being transferred to good surroundings and good training, and had the benefit of education, leaped into prominence. Socrates, esteemed by the oracle of Apollo the wisest of all men of his age, was the son of a low woman. Everybody remembers the name of Henry Morton Stanley, the great African explorer. His original name was John Rowland. He ran away from home, shipped as a cabin-boy, came to New Orleans, where he was befriended by a merchant of that place, which was the making of him.

Put a Chinese baby boy into an English cradle, let him never speak anything but English, and, above all, never be reminded of his foreign ancestry. He will grow the stature of a Chinaman and have the features like him, and all that, but the tradition of three thousand years will fall away and be to him as if they never had been.

The scientific view of heredity is that any bad trait or propensities which are transmitted to the child are dormant at birth. They will remain dormant by starving them with good surroundings, good moral training, good culture and education. The same is true of a child of good parentage. Whatever good traits there may be are transmitted, but dormant at birth. Put this child in a home of squalor and filth, let it grow up with these surroundings, and the result is a bad child.

Koch declared when he made his scientific research for the germs of tuberculosis that consumption was contagious and not hereditary. A child born of tuberculous parents may have weak lungs. Remove the child from its home at once at birth into a healthy atmosphere, where the atmosphere is not tainted with tuberculosis, and this child, as it grows up, is no more liable to consumption than a child not born of consumptive parents in the same atmosphere.

From the foregoing hypothesis, the deduction is that the environment and surroundings, culture and training, are what develops heredity.

Society Proceedings.**THE ACADEMY OF MEDICINE OF
CINCINNATI.****OFFICIAL REPORT.***Meeting of January 22, 1900.*THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

**A Case of Fracture of the Vault and Base
of the Skull, with Rupture of the
Right Middle Meningeal Artery;
Operation and Recovery.**

DR. S. P. KRAMER: I am fortunate in being able to present this patient to you to-night, inasmuch as he has fully recovered from an exceedingly grave injury of the skull and contents.

I first saw the patient, a man, aged twenty-two, November 4, 1899, in consultation with Dr. D. C. Handley. Twelve hours previously he had fallen down a flight of iron stairs and had sustained an injury to the head. He was, at the time of my first visit, in a semi-comatose condition; the right side of the head was greatly bruised; he had extensive extravasation of blood about both eyes, and beneath the conjunctivæ of both sides; hemorrhage from both nostrils, but none from the ears. His left arm and leg were parietic; the tongue protruded to the left side; the pupils were equal and responded to light. The right side of the head was greatly swollen and infiltrated with blood; I could feel no depression. The diagnosis was made of fracture of the base of skull in the anterior fossa, rupture of the middle meningeal artery, and probably fracture of the vault. The symptoms during the next twelve hours increased in severity and immediate operation was advised.

On November 5 I laid bare the skull and found an extensively comminuted fracture involving the right bone, the squamous portion of the temporal bone, and a line of fracture running downward and forward across the lower external angle of the parietal bone and extending to the base of the skull. After removing the broken pieces of bone I came upon a large firm clot lying upon

the dura, covering an area almost the size of the palm of the hand. This was entirely removed, and I then came upon the divided middle meningeal artery, which had begun to bleed again. This was then secured with sutures. The dura had been torn for a distance of about half an inch at a point opposite the upper portion of right Rolandic fissure. There was no subdural hemorrhage. The dura was not sutured. A small gauze drain was laid between the dura and periosteum and the wound in the soft parts sutured.

On the day following the operation he had an attack of Jacksonian epilepsy, involving the muscles of the left side of the face and neck. On the following day he had a similar attack. On my way home that evening I recalled the gauze drain, and remembered that it had been placed just over the opening in the dura. This opening just about corresponded to that portion of the central convolution which controlled the muscles involved in the Jacksonian attacks. On the following morning I removed the drain and that was the last of the seizures. From that time on his recovery was rapid and uninterrupted, so that at the present time he is practically well. There still remains a slight deviation of the tongue to the left side.

**Case of Aortic Disease Complicating
Gonorrhea.**

DR. GILBERT L. BAILEY: I have a patient here presenting some of the unusual complications of gonorrhea which I thought might be interesting to the Academy.

About seven years ago this gentleman recovered from an attack of gonorrhea, as he supposed. He had a stricture following the attack, which was operated upon at Hot Springs. The stricture was cut, following which he had a lymphangitis of the left leg, and he has suffered with this limb ever since. You will notice that the left leg is swollen and larger than the right. He has suffered from phlebitis also. Again, he has an aortic murmur due to the endocarditis which occurred at the time of his attack. The cause of this

is in all probability gonorrheal. I have not been able to make a blood examination, but undoubtedly at this late date nothing would be discovered. I merely wished to call the attention of the Academy to these unusual complications following gonorrhea. Only about 2 per cent. of gonorrheal cases are followed by an endocardial lesion, so that this case is worthy of attention. He has no other affection except the varicose veins and the swelling in the left leg, which gives him considerable trouble at times. However, the leg seems to be getting smaller. There seems to have been considerable thickening of the coats of the veins, and also in the connective tissue.

DR. ALFRED GAITHER read a paper (see p. 194) entitled a

Clinical Report of Some Obstetric Cases.

DISCUSSION.

DR. WM. H. TAYLOR: There are quite a number of interesting points associated with these cases, but there are other gentlemen who are anxious to talk about them, so I will only speak on one or two points.

The gentleman in his history of the first case directed attention to the prolonged labor before rupture of the membranes. I think it is very important to recognize the fact that while the membranes are unruptured the continuation of labor will be productive of very little ill effect; it is generally only after the amniotic fluid is discharged, when the uterus comes to press firmly upon the child, that ill consequences begin to develop, and it is very important to recognize the fact (the opposite to what I have stated), which is that after the membranes have ruptured then very serious consequences are likely to follow the prolongation of the labor. Hence, it is important to be prepared to terminate the labor early after the membranes shall have been ruptured.

Another interesting point in that case is the delivery of the child by forceps applied to the breech. I have never made that operation. I have always had some doubts as to the safety

of it, and consequently as to the propriety of it. Other gentlemen, I know, have applied forceps to the lower part of the child, and a gentleman who for many years has been a member of this Academy invented forceps especially applicable to the breech, but I do not know that they have come into use except in his own practice.

It was the second case, I think, in which the gentleman referred to the dilatation of the os uteri. I have for a number of years discarded all the instruments that have been devised for dilatating the os in pregnant women. I believe that the fingers, or the hand itself, is by far the best of all instruments for that purpose, and I have not used anything else for a good while. The gentlemen who have had fifteen to twenty years experience in practice will know that years ago the Barnes dilator was advocated and used a great deal, but I had disappointments a number of times in attempting its use for dilatation, so I have abandoned it entirely and depend upon the hand.

There is one point on which I think the gentleman is open to adverse criticism, and that is in regard to his case of placenta previa. He spoke of deferring operation two or three times after seeing the case, and each time after he had deferred it there was a hemorrhage. I believe that it is very unwise to postpone operating after you have made a diagnosis of placenta previa. The sooner the case is terminated the better. Of course, every time there is a hemorrhage the woman is rendered weaker, and there is a possibility of a speedy fatal hemorrhage.

A good many years ago I saw a case which made a great impression upon my mind. The physician in charge met me at the Academy and said that he had a case of placenta previa, and intended within a few days calling me to see it. Early the next morning he sent for me. He had been sent for, the woman had had a bleeding, but when I saw her (about 7 A.M.) there was no bleeding, and I suggested waiting. She was seen again about 11 o'clock in the morning, and there was no bleeding. The physician saw her again about 7

o'clock in the evening, and being called to another case during the night he saw her about midnight and there was no bleeding at that time. I was sent for about 4 o'clock in the morning and she had bled hopelessly. The hemorrhage came on with a great gush, and as the family knew that their physician was at another house attending another patient they sent for me. When I arrived she was *in articulo mortis*, and died before I left the house. That case, of course, impressed me very deeply as to the impropriety of postponing operation when we are certain the case is one of placenta previa.

DR. BYRON STANTON: I would like to say a few words in reference to the use of forceps in breech cases. I have on two occasions resorted to their use in breech cases with very good results. I used the Elliott forceps in both cases, they being the only forceps I had with me. I do not see any special advantage in forceps devised especially for the breech over the others. I think there are cases in which the forceps can be used to advantage both as regards the welfare of the patient and the safety of the child, if the pressure is not too great and the traction not too strong. If I had to make application of the forceps again to a case of that kind I would prefer the axis-traction forceps for the reason that the pressure need not be so strong nor the traction so great, and it would be made in a more favorable direction, so that altogether there would be less danger of slipping and less compression than is the case with other instruments. I well remember a case where the child was delivered in this way where the woman had been in labor for a long time. The pains were becoming weaker and weaker. Application of the forceps was made to the breech and the child was delivered in a short time. After delivering the body the forceps were again applied to the after-coming head. I do not know whether this procedure was adopted among the doctor's cases, but I think it is one which is very often of service. The child can be delivered much more safely and promptly if the forceps are applied to the after-coming head. It is

a measure which insures greater safety both to the child and mother than where traction is made along on the body of the child. Hence, in breech cases I think forceps have their place, and I think they might be used more frequently than they are, both to the breech and the after-coming head.

DR. WM. GILLESPIE: I am somewhat surprised that the gentlemen who have preceded me did not speak of the manner in which the *veratrum viride* was given in the case mentioned by the essayist. I was taught that the indications for its use were a full bounding pulse, whether given in puerperal eclampsia or other like conditions. I think that the procedure of giving *veratrum viride*, in ten drop doses, for a prolonged period with a *rapid, feeble* pulse is contrary to the practice usually recognized as proper by obstetricians. It is certainly contrary to all the authorities on *materia medica*.

The doctor's case in which he refers to the advantages of podalic version over the forceps where the pelvis is contracted I think hardly illustrates to advantage either podalic version or the forceps. The fact that the forceps slipped is an indication that they were not well adjusted. I do not mean to say that the doctor made a mistake that another man would not make, but that the axis-traction forceps well adjusted are not apt to slip. Again, the fact that they gave way once was not a sufficient reason for discontinuing them. The chance of delivering a living child by version where there is a universally contracted pelvis, is, I believe, not so favorable as with the use of the axis-traction forceps. If the antero-posterior diameter is contracted, and if the transverse diameter is ample, then the Goodell method of delivery by podalic version undoubtedly gives better results. Barnes, one of the most ardent enthusiasts of podalic version, made the statement some years after his advocacy of podalic version that in certain cases—for instance, in a universally contracted pelvis—by the use of the axis-traction forceps the mortality would be much less than by version. There was a peculiar contraction in this case—

three and a half inches antero-posterior diameter and three and three-quarter inches transverse diameter. I did not understand the size of the child, and I wish the doctor, in making his closing remarks, would tell us the size of the child.

There was one remark made this evening which I hardly think was justified by the report of the case cited, and that referred to the lessened damage done to the child by prolonged labor before the bag of waters had ruptured. I believe that every one agrees that there is much less danger before the rupture of the bag of waters than afterward, but I believe it is not established as yet that there is not danger in both cases. Braxton Hicks pointed out quite a number of years ago that great danger sometimes exists for the child even before the membranes are ruptured, that spasmodic action of the uterus is not an uncommon thing, and that one of the causes of still births is delay in labor before the bag of waters is ruptured. The illustration is somewhat weakened by the fact that the essayist also reported a case where there was prolonged delay after the membranes were ruptured, and where after failing with axis-traction forceps, delivery was effected by podalic version, and yet the child breathed after delivery.

DR. ROBERT W. STEWART: There are so many interesting points in this paper that one can hardly do it justice in the time that it would be proper for one to take. While the doctor was reading his paper (and I do not make the following remark in criticism of his conduct at all, but simply because the thought was forced upon me) I was thinking that Lawson Tait was right when he gave expression to the idea that there were some women whom you could not kill. Of the five desperate cases but one died; the other four were on the verge of death, but they came through all right. Now because these patients came through is not very good evidence that everything that was done was perfectly right. It is hardly fair to conclude, because one woman comes through when one particular line of conduct is followed, that that is the

proper line of conduct to pursue. We are apt to be led into error in assuming such a position. In the one case where there was a prolonged labor before the membranes ruptured, was the line of conduct pursued the proper one? In most of the cases I should think not. In a great many instances, in the so-called higher walks of life, where we find many frail, delicate women with nervous, high-strung temperaments, such a thing would be preëminently not the proper thing to do. There may be some women who can stand this thing, but there are a great many more who cannot. Of course, we have definite rules for interference and for letting the woman alone, and no doubt the doctor had these in mind in this case. The pulse of mother and of fetus, constitution, etc., are the things to be considered, and while we have these rules there is a very grave question in my mind whether we do the best thing for our patients in allowing them to lie for a long time in labor. In the breech case the breech was down on the perineum for fifty-six hours, and the membranes had been ruptured about three days. I think such a case deserves fair criticism. Personally, I should be afraid to allow a woman to lie that long. Not only would it be injurious to the child, but it certainly would damage the mother in a great many cases.

I wish to say a word or two about placenta previa. I believe if a student should answer a question relative to placenta previa in examination, stating that a case of this kind which was afterwards demonstrated to be placenta previa should be left after a hemorrhage without anything being done to her, I should refuse to vote for that candidate. The patient came through all right, it is true, and the doctor did everything afterwards that was right, but I am afraid it is bad obstetrics—at least I would not be willing to follow that kind of obstetrics. Think of allowing a woman to lie right in the face of a dreadful danger which has been so well illustrated by one of the other speakers this evening! Is there nothing that can be done? Are we to allow that woman to lie? It stands to reason if you pack the

vagina full of gauze you put her in very much better condition, and you can then follow out the rules laid down in the text-books or authorities in the treatment of these cases.

One word in regard to axis-traction forceps. I believe the axis-traction forceps to be the best instrument to-day for obstetrical practice where instrumental interference is necessary. They need not, and rarely do, slip if they are properly applied. I do not think that the case reported in which the axis-traction forceps was used could be considered a test for the forceps. Of course, I do not know how much pressure or traction was put on, but it seems to me that there was not a sufficient trial made of the forceps. I would like to have proof from the doctor that the case referred to was one of puerperal eclampsia, but the time is up and I must stop.

DR. GAITHER: I will answer the last question first. I did not claim that the case was one of puerperal eclampsia. I said that it was uremic poisoning without convulsions.

In answer to another question, I would say that my reason for giving the *veratrum viride* was that I feared I might have to deal with convulsions, and I had all the circulatory conditions of eclampsia. It was a desperate case, and I was willing to use anything that would save her. I had nothing at hand to use except that, and I thought that this drug would prevent the spasms which I feared would come on. It was a case of "a drowning man catching at a straw," and I "caught at the straw." It may have been against the ordinary physiological action of drugs, but in a case of this kind I would use anything calculated to relieve the blood pressure upon the kidneys and thus reestablish elimination.

In reference to the axis-traction forceps slipping, I will say that the child was very large and I could not control it. I had the forceps well placed on the head, and I made traction until I was afraid I would pull the child's head off, or tear the mother fearfully. I knew if the forceps slipped there would be nothing left of the perineum or child, so

I pushed the head up and made podalic version.

I regret that my time is expired and I cannot answer these questions more in detail.

Veratrum Viride.

Veratrum^{viride} is said by Dr. E. E. Rothrock, of Tennessee Colony, Tex., to be of great service in diseases of the kidneys and bladder, in fever where the pulse is full, fast and corded, in cases where an alternative is required, in exanthematous diseases, especially scarlatina, and in meningitis, phrenitis and cerebral difficulties generally. He uses the fluid extract.

Used as a liniment in sprains, bruises or tumors, it is excellent; used in rheumatic enlargements of the joints, in eczema, etc., it has a curative effect, as a lotion with glycerin, externally applied to the parts; in erysipelas, it is a fine agent applied locally to the parts, it reducing the inflammation of the skin.

In combination with *phytolacca* it acts well in rheumatism and erysipelas, both internally and as a lotion. In doses of two drops every three hours, such a combination has a curative effect on stricture. With *podophyllin* it is of service in malaria, pneumonia, pleurisy, croup, asthma and disorders of the respiratory organs. The author says that given alone it is beneficial in amenorrhea, chlorosis, and leucorrhea. It is contraindicated in paralysis, hectic hemorrhage, and pregnancy. In puerperal convulsions it is of great use given in large doses of 20 to 30 drops. In all conditions of depression he declares it to be as near to a specific as any drug we possess.—*Merck's Archives*.

Ligation of the Brachial Artery.

In wounds necessitating the ligation of the brachial artery it is well to remember that, while the inner edge of the biceps is the guide to this vessel, the edge of the muscle slightly overlies the artery, and must be lifted up a little to expose the vessel.—*International Journal of Surgery*.

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J. C. CULBERTSON, M.D.,
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CINCINNATI, MARCH 3, 1900.

Editorial.

BONDS OF HABIT.

Habit, heredity, education and environment are the great leading factors or forces that control the making of the individual, and each may in and of itself determine character. Habit is often referred to as a second nature, and in strength of purpose is frequently coupled with nature as an equal. Habit influences morals and health, and takes a firm hold upon the will, the intellect and the emotions—in fact, becomes a vital part of the individual. It controls the appetite and nutrition, governs the secretions as well as the excretions of the body, makes imperious demands upon precious time, dictates hours of labor, rest and sleep—hence, becomes a matter for serious consideration to the physician in the treatment of disease, as well as in prophylaxis.

The movements of all people are more or less regulated by habits, which in turn have been both generated and inaugurated by the arts and sciences. Periods of hunger are created and governed by habit. Even the taking of

medicines of any kind, including those that are nauseant and disagreeable, is sufficient to establish a habit.

Habits are much more easily formed in some persons than in others, and this may pertain to the extent of a positive idiosyncrasy, and in some instances seems to be perfectly harmless, while in others the influence is most pernicious. Some habits are positively beneficial, and all are deserving of consideration by the medical practitioner. Not infrequently evil habits produce and promote pathological conditions, for a successful treatment of which there comes a call for the very best of skill. The recent death of a man who derived a large fortune from the treatment of those who felt themselves to be in the chains and bondage of alcoholic stimulants indicates the large number of people who have acquired the drink habit.

As individuals become the slaves of habit, so do municipalities, States and nations. In this city more than half a century ago the public school authorities acquired habits of extravagance which they have never had sufficient courage to shake off. The habit referred to involved a system of teachers of special studies, which, like the giving of medicine to the sick, at the time seemed to be a necessity, but when conditions changed could not be left off without a positive shock to the entire body politic. The expense of the habit, however, became so great that resort was made to the borrowing scheme, which is but a temporizing and putting off of a day of reckoning that is sure to come.

This very week the Legislature is sought for relief and privilege asked to issue school bonds to the amount of three hundred thousand dollars, ostensibly to furnish funds for an erection of

new school houses, and at the same time permit the rolling of the sweet morsel habit under their tongues for a little while longer. The borrowing plan is known by every member of the Board of Education to be a bad one. So well known is this that in the not far distant past, a majority of the board agreed to an abandoning of a material part of the special teacher habit. Reactionary influences came on and a reconsideration ensued. The evil habit involved so many personal interests, and ties that bind were as riveted shackles, which would not yield to ordinary strokes of a hammer and tongs economy. Arguments were as futile as airy nothings. Tax-payers of Cincinnati ought to know the situation, and in turn the Legislature should be informed.

Behold! Let it be conceded that supervisors are necessary in the drawing, music, writing and physical culture departments; it is found that

TWENTY-FIVE THOUSAND NINE HUNDRED AND FIFTY DOLLARS

are annually paid to assistants, such as are not found to be employed in any other schools in the State of Ohio. Next, the great hoodoo bugaboo habit of the public schools of Cincinnati is the German department, for there is annually paid in salaries to teachers of the German language

ONE HUNDRED AND THIRTY THOUSAND EIGHT HUNDRED DOLLARS,

making an aggregate of

ONE HUNDRED AND FIFTY-SIX THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS,

the most of which could be made available for erection of new school buildings every year. But alas for the taxpayer! The habit of specials was too strong to be overcome, and the force of

habit and circumstances found a way out of present difficulties through the avenue of least resistance in a petition for leave to issue bonds.

The writer has already shown to readers of the LANCET-CLINIC that the special teachers' salary expense account is not the smallest of the evils connected with the habit contracted, but it is the double time and idle time that is involved in the teaching of special studies. In many of the schools there are from one to five more teachers than there are rooms or classes; in fact, the special teachers and their employment involves idleness as one of the functions of the regular teacher, and makes of the course of study a nondescript, zigzag affair that is utterly unworthy of the plan of education in a modern city of the first grade and first class.

There is, however, a ray of light and gleam of hope. The Superintendent of Public Schools has inaugurated an innovation from which great good must and will result. It is neither more nor less than offering of both encouragement and opportunity to principals to visit schools in other cities, thus giving them a chance to see an object-lesson, and observe the methods and curriculum of other public school administrations.

The principals of the Cincinnati schools are almost with one accord in favor of doing away with special teachers, but have been so cramped in the manacles of long years of habit that an expression of a positive opinion in that direction was considered as nothing short of rank heresy. This is not a visionary expression, but a hard and solid statement of fact.

In the opinion of the writer, the Cincinnati Board of Education does not need bonds, but needs so to modify and change the course of study as to bring it in accord with the require-

ments of modern methods. Kindergartens, manual training, free school books and new school buildings are all within reach when special studies are abrogated.

In the opinion of the writer, members of the Legislature will find favor in the eyes of an overwhelming majority of citizens when they refuse to favorably consider a proposition to empower the Cincinnati Board of Education to issue bonds to the amount of more than three hundred thousand dollars. Such a refusal will oblige the board to turn its attention to special economies, which will be eminently beneficial to the present system, and the sooner it is understood and acted upon that the public schools are not eleemosynary institutions conducted for the special benefit of the teachers, the better. The schools are kept up and supported for the pupils, and for no one else.

CLINICAL ANALYSIS VS. CLINICAL EXPERIENCE.—The publication of several works on the mineral springs of the United States during the past few years would seem to show that our medical men are beginning to realize that this country equals, if it does not surpass, Europe in the possession of mineral waters of positive curative properties. Many of our mineral springs were resorted to by suffering humanity long before any analysis had been made. The famous Buffalo Lithia Spring in Virginia is a familiar example. Years ago its extraordinary curative power in the treatment of rheumatism and gout was discovered by persons living in the vicinity. Medical men tested and confirmed its merits; its fame spread beyond the borders of the State, and nowadays it is esteemed by physicians in all sections of this country. Of course, the very accurate analysis which has been made, to some extent explains its remarkable effect as a solvent of uratic and phosphatic deposits in the body, and its value in the treatment of rheumatic and gouty affections, renal calculi, and diseases of the kidney and bladder. But after all, it is chiefly the experience of competent clinical observers to which the Buffalo Lithia Water owes its high position. Other instances might be cited, but this will suffice to prove our contention that a mineral water must not be considered from the chemical point of view, but mainly from a therapeutic standpoint.—*International Journal of Surgery.*

Correspondence.

ALCOHOL IN THE NAVY.

FT. COLLINS, COL., Feb. 19, 1900.

Editor LANCET-CLINIC:

In the February 10 issue of the LANCET-CLINIC, page 137, appeared the following statement, viz.:

"Dewey's gunners, stripped to the waist, with tin cups full of whisky every twenty minutes, did more to defeat Spain than anything else."

Doubting the accuracy of this statement, I wrote to Admiral Dewey and received the subjoined reply:

WASHINGTON, Feb. 16, 1900.

DR. E. STUVER, Ft. Collins Col.:

Dear Sir: I am directed by Admiral Dewey to acknowledge the receipt of your letter of the 12th instant, relative to the accuracy of the statement that "Dewey's gunners, stripped to the waist, with tin cups full of whisky every twenty minutes, did more to defeat Spain than anything else." The Admiral wishes me to say that the words "with tin cups full of whisky every twenty minutes" are absolutely erroneous.

Very respectfully,

J. W. CRAWFORD,

Lieutenant U. S. Navy, Secretary to the Admiral.

Yours truly,

E. STUVER.

In children enlarged lymphatic glands about the neck are frequently due to enlarged tonsils or to the presence of adenoids. The throat must, therefore, always be carefully examined in these cases, for removal of the tonsils or adenoids will cause the glands to subside. In adults enlarged glands are very suggestive of the presence of malignant trouble, and necessitate careful examination of the whole mouth and throat.—*International Journal of Surgery.*

If you feel uncertain about a violent colicky pain, which stimulates peritonitis, remember that in the latter disease it is quite impossible to move the abdominal walls over the intestinal mass, for the whole cavity is in a condition similar to that which exists in a badly inflamed joint.—*International Journal of Surgery.*

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

The Relation of Trauma to Tuberculosis.

George Blumer has an interesting summary of the relations of trauma to tuberculosis in the *Albany Medical Annals* for November, 1899. This subject is of increasing importance, due to the growing class of litigation, in which the remote consequences of most any disease or infection are frequently attributed to an antecedent injury, however remote. This is especially true if there is legal responsibility for the accident. He studies the relation of tuberculosis to trauma under two heads: first, the relation of accidental injuries to tuberculosis; and secondly, the relation of surgical intervention in local tuberculosis to the generalization of the disease. The first heading is the one that includes the majority of the cases of medico-legal interest. Certain portions of the body are apt to become the seats of accidental tuberculosis. The lungs, meninges, and joints are the most susceptible regions. Cases of pulmonary and pleural tuberculosis of traumatic origin are not common, though there are several quite convincing cases on record. Chauffard has carefully described three cases of tubercular pleurisy following accident. One of these was that of a middle-aged man who fell, striking the right side of the chest wall. Ten days later he was taken with severe pain in the injured side, fever, and dyspnea. On his entrance into the hospital 1500 cubic centimeters of fluid was withdrawn. A guinea-pig inoculated with the fluid developed tuberculosis and died from the effects of it.

Cases of pulmonary tuberculosis following trauma are quite as rare as cases of pleural involvement. Stern, in his monograph on the traumatic causation of internal diseases, only recognized two authentic cases. In one case reported by Harris, in which typical lobar pneumonia followed an injury to the

chest, the case came to autopsy, the affected lung showing many recent cavities and many old foci of tuberculosis. In this case it is probable that the infecting bacilli came from the old quiescent foci. It is possible that old and quiescent lesions may account for most of these cases.

Tubercular meningitis following injury to the head has furnished a number of interesting observations. A case reported by Schilling was that of a boy, who after receiving a blow on the head was unconscious for two days. Eleven days after the accident he developed marked meningeal symptoms and died in ten weeks. The autopsy showed tubercular meningitis and caseated tracheal lymph glands. In most of these cases where autopsies were made some old tubercular lesion was found. Traumatic joint tuberculosis is a condition universally recognized. A considerable proportion of the cases of joint tuberculosis give a clear history of injury. Traumatism, though acting as an immediate factor in some forms of tuberculosis, does so merely by favoring the attack of the tubercular bacillus, by creating a point of least resistance.—*Medicine.*

Amyl Nitrite.

Amyl nitrite is a substance that in its action may be said to occupy the middle ground between nitroglycerin and the nitrites. On introduction into the animal economy it is rapidly decomposed into alcohol on the one hand, and a mixture of nitrates and nitrites on the other. Pouchet (*Four. des. Pract.*, 1899, No. 43), after a historical review of the discovery of the drug and its first applications in medicine, and a *résumé* of its action as it is usually given, describes its pharmacology in detail as follows:

Circulatory System.—The inhalation of moderate amounts causes acceleration of the heart-beat and a considerable drop in blood-pressure, accompanied by a great dilatation of the capillaries. After larger doses, however, this stimulation gives way to profound depression, the heart being arrested in diastole, as was demonstrated on the frog. This

takes place both after previous section of the vagus and the administration of atropine, and is to be ascribed to the direct action of the substance on the myocardium. The preliminary acceleration is only observed when the beat before inhalation was normal; no effect is produced on a heart which is already overacting as a result of section of the pneumogastric. If the filaments coming from the lower cervical and first thoracic ganglia be cut, the heart can still be stimulated by the inhalation of amyl nitrite, which must, therefore, exert a peripheric effect on the intracardial nervous system.

Blood Pressure.—Vasodilation is the most prompt and most evident effect of the administration of amyl nitrite, and is manifested by the intense blush, which speedily spreads over the face and neck. At the same time there is a dilation of the temporal arteries and of the pupils; experiments on trephined rabbits showed that there was also congestion of the vessels of the pia.

Other writers have demonstrated that this vasodilation is primarily peripheral, the centre in the medulla being affected only secondarily to the vasomotor elements in the walls of the vessels. In man vasodilation promptly follows the first inhalation, commencing in the face and extending into the neck, but rarely reaching the trunk.

Respiration.—Small doses increase both the depth and frequency of respiration; the inhalation of large amounts causes it to become irregular, slow, and superficial, and is accompanied by irritation of the laryngeal mucous membrane and violent paroxysms of coughing. If death be brought on it is due to the paralysis of the respiratory centre, as a result of the diminished respiratory capacity of the blood attendant on the transformation of the oxyhemoglobin into methemoglobin. On this account the author considers the use of the drug inadvisable in chloroform syncope, as in this condition it is difficult to control the amount inhaled by the patient.

Nervous System.—This is greatly depressed, as is manifested by the diminution of voluntary movements and

lessened reflexes. In man the nervous symptoms consist of vertigo, circulatory derangements, persistent headache, and in some cases muscular twitchings and convulsions referable to the asphyxia.

Temperature.—At first the temperature at the periphery rises in consequence of the vasodilation, but this elevation is succeeded by a drop of from one to three degrees in the central temperature.

In conclusion, the author states that at first it is imprudent to permit the inhalation of more than five or six drops of amyl nitrite, but later on this amount may be increased to ten, to twenty, or even fifty drops.—*Merck's Archives.*

Alcoholic Serum.

The attention of the profession has been directed for many years to some remedy, not injurious, which will not only act as a substitute upon the nervous system for the stimulating effects of alcohol in its various forms, but do away with that intense craving for it, which the victim of alcohol often finds irresistible. We are indebted to the *London Lancet* for an abstract of an exceedingly interesting paper read in December of last year before the Academy of Medicine, in Paris, by MM. Broca, Sapelir and Thibaut, men well known in the scientific world, on the discovery of a so-called antialcoholic serum, which M. Broca and his colleagues propose to call "antiethylene." The paper has been referred by the Academy to a special committee for further and more minute investigation, which will report at an early day.

The three observers in question started from the principle that in alcoholic intoxication, as in morphia intoxication, there is a preliminary period which is characterized by gradual toleration of the drug and a feeling of desire for the poison. On the other hand, it is well known that certain organic poisons, more especially those produced by microbes, form in the organism antitoxins, which represent the elements of resistance which the organism offers to infection. These antitoxins, injected into another organism, place

that organism in a state of being able to resist the corresponding poison.

The observers therefore determined to make research on these principles into the action of alcohol. They produced tolerance to alcohol in the horse by giving it by the mouth, and then found that the serum of this horse, injected into other animals which had been made tolerant and fond of alcohol, produced in the animals in question such a distaste to alcohol that they preferred to give up both eating and drinking rather than continue to take alcohol. The injection of this serum in large doses has produced neither in animals nor man any unpleasant symptoms, either local or general.

Clinical experiments made upon drunkards had given most interesting and somewhat inconceivable results. The drunkard treated with antiethylene lost all his taste for alcohol; he no longer cared for brandy, rum or absinthe, but he preserved a liking for wine, and his appetite and strength returned. Up to the present antiethylene seems powerless to make any improvement in the organic alterations produced by the action of alcohol.—*Med. Times.*

Headaches Due to Eye Strain.

James Cole Hancock sums up a paper on the above subject (*Med. Record*, November 4, 1899) as follows:

The conditions bringing about a so-called "eye headache" appear to be an undue stimulation of the nerve centres of nerves supplying the intrinsic and extrinsic muscles of the eye, causing a reflex vasomotor action referred to the meninges and producing congestion.

It has been suggested that confusion of images also plays an important part in the causation of these headaches, and that there is no known instance in which they have followed excessive use of other than ocular muscles. The confusion of images may be an important contributing cause, but the muscular reflex probably plays the most important part. Although continued muscular exertion in general does not cause headache, it is probable that excessive and continued contraction of any muscle

supplied by cranial nerves would do so. Obviously, except in the case of the ocular muscles, it is difficult to gather evidence in support of this theory.

In all the conditions mentioned above, even including those due to purely reflex causes through the nervous system—by way of exclusion, a thorough examination of the eyes should be insisted upon, and this can be made only when the ciliary muscle is completely paralyzed.

In hypermetropia glasses should be worn for reading and other close work only, unless distant vision is impaired; in myopia for distance when present in marked degree, and for reading when the book is habitually held nearer the face than thirteen inches.

For muscular insufficiency prisms are worn and the weak muscles exercised. Operations are often necessary.

In astigmatism, glasses should be worn constantly, for here a complete correction, even temporarily, is quite impossible.—*Med. Times.*

Pulmonary Consumption.

Dr. Mendel has instituted a new kind of treatment for consumption and which has given him considerable satisfaction. By means of a long curved syringe of the capacity of a drachm he injects through the mouth into the trachea about three drachms of the following solution:

Essence of eucalyptus	}	. . . 3j.
Essence of thyme		
Essence of cinnamon		
Iodoform		grs. xx.
Bromoform		drops x.
Sterilized olive oil		3iijss.

The tracheal injection is practiced daily. The patient who feels the solution trickling into his lungs experiences an agreeable sensation of warmth and does not cough. In his early experiments Dr. Mendel operated with a mirror, but now he is able to dispense with that aid. The patient holds his tongue himself outside his mouth between thumb and finger by means of a napkin. The treatment is simple and inoffensive, and the effects varied with the stage of the disease. In patients in the first stage he has succeeded, after two

or three weeks' treatment, in relieving the cough and expectoration, and even stopping them altogether; strength, sleep, and appetite had also returned. In the two remaining stages of the malady the results were not so satisfactory, but still considerable benefit was obtained, expectoration easier and less abundant, strength and appetite improved.

In explaining the action of the treatment Dr. Mendel says that the medicated oil injected into the orifice of the trachea descends slowly, bathing the walls. It thus penetrates the bronchial tubes, creating a large surface of evaporation at the point where the bronchial tubes branch out. Before the oil is absorbed the air entering the lungs is saturated with volatile odors that destroy the bacteria.

In certain cases where the tracheal injections could not be performed daily, he has substituted a medicated enema composed of a glass of milk with the yolk of egg and from ten drops to two teaspoonfuls of the solution mentioned above. Excellent results have been obtained from this treatment. — *Paris. Cor. Med. Press and Circular.*

GASTRO-INTESTINAL CATARRH. — Dr. Davis, of Louisburg, N. C., reports a case of gastro-intestinal catarrh, the concomitant of mitral regurgitation, in which "Maltine with Creosote" proved decidedly beneficial. As he had anticipated, the maltine showed its value as a digestive agent, and the creosote as an intestinal antiseptic, so that the very disagreeable symptoms — nausea, diarrhea, etc. — were promptly relieved.

EDW. L. H. BARRY, Jr., M.D., Jerseyville, Ill., says: I have used Aletris Cordial with excellent results in the following: Miss R., nineteen years of age, brunette, well developed, but troubled with dysmenorrhea, called at my office, and after explaining her affliction, said: "Doctor, if there is anything you can prescribe to relieve my suffering do so, for life is a burden to me now." I thought of the Aletris Cordial at once, and gave her a six-ounce bottle, directing her to take a teaspoonful three times a day, commencing four or five days before the regular period. Several weeks afterward she returned with the empty bottle, remarking: "I've come back for more of that medicine, for it's the only thing I ever had to give me relief." I can cheerfully recommend Aletris Cordial to the profession.

Book Reviews.

International Clinics: A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D. (Univ. of Penn.), Philadelphia. Vol. IV., Ninth Series, 1900. Philadelphia: J. B. Lippincott Company, 1900.

The disastrous fire from which this company suffered so recently has had no effect at least upon their regular output, either in point of time or contents. These volumes of lectures cover during the year medical progress pretty thoroughly, and the lecture plan undoubtedly helps the memory to retain apparently trivial facts by bringing before the reader's mind's eye a more or less vivid picture of the treatment, disease or condition portrayed. The short articles on drugs and remedial agents are in this volume, as in its predecessors, among the best; they include rest, value of suprarenal extract in surgery, and hydrotherapy, as well as new treatment of pneumonia, rheumatism, heart disease, and Bright's disease.

Three Cincinnati physicians are represented as follows: Dr. C. D. Palmer, "Some of the Technical Points for Abdominal Section;" Dr. Robert Sattler, "The Ocular Symptoms in a Case of Leontiasias Ossea;" Dr. Mark A. Brown, "Channeling of the Radial, Aneurism of the Subclavian, Aneurism of the Thoracic Aorta: A Study in Pulse."

In children a symmetrical pain about the shoulders should lead to a careful examination of the neck, for it is a frequent sign of beginning caries of the cervical vertebræ. — *International Journal of Surgery.*

ALL persistent hemorrhages during the menopause should be regarded with suspicion. — *Med. Summary.*

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WHOLE VOLUME LXXXIII.

Original Articles.

PROLAPSUS OF THE ANUS AND RECTUM.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

Prolapse of the anus and rectum is the first rectal disease which affects the human family. I have seen a case of prolapse of the anus in a child three months old. Of course, we may have deformity of these parts at birth, but prolapse of the anus is the first acquired disease.

I shall describe prolapse of the anus and rectum as a descent or falling of any portion of the rectum outside of the anus, or the upper portion of the rectum may become invaginated in the lower part—that is, a part of the gut falls or slips into another part without coming outside of the anus. The prolapse may be little or it may be that nearly the entire rectum comes down. I had a case in a lady once where certainly the protruded portion was as large as a good-sized pineapple or a young child's head.

In natural defecation the mucous membrane—that is, a portion of it—comes down more or less. About as good an illustration as I can think of is a horse's anus when they defecate. This protrusion voluntarily returns when the bowels have acted. Frequently in children this prolapsed portion of the rectum or anus will not pass back, but will remain protruded after stooling. If allowed to remain down any length of time it becomes inflamed and strangulated, and it is difficult to replace it. We will then have sloughing of the protruded part. I have seen two cases where the entire mass that

was down sloughed off. In one of the cases the cicatrization of the base caused a stricture which had to be treated.

In old cases of prolapsus of the rectum the sphincter muscle becomes very much relaxed. I have seen cases where the contractility of the fibres of the muscle have been entirely destroyed. In these cases the rectum will not stay up unless held by some artificial or mechanical contrivance.

Prolapse of the rectum, especially where it comes external to the anus, is easily diagnosed. In the first place, we notice that the prolapsus extends all around the anal opening. It has a uniform appearance. It is soft and velvety to the touch. Secondly, we can discover no distinct attachment or pedicle, but the entire circumference is involved.

In prolapse of the rectum there is almost constantly an exudation of mucus. The sphincter muscles being so relaxed we are quite apt to have incontinence of feces.

In regard to the treatment of prolapsus of the rectum, our first object is, if possible, to reduce the protrusion, to pass it up above the external sphincter muscle. This generally can be accomplished without having to resort to an anesthetic. If the case be that of a child, I have the mother lay it face downward upon her lap. I then wash the part prolapsed with a solution of boracic acid—

Boracic acid	3i-ii.
Aqua	Oj.

I then anoint with vaseline or borated lard. Now by pressing gently over the entire mass with two forefingers of the right hand, at the same time opening the anus with the thumb and forefinger of the left hand, the protrusion gene-

rally slips back very easily. If I do not succeed by this simple method I introduce the forefinger into the anus and press the mucous membrane up all around the finger. The child should not be allowed to become constipated. In young children the aromatic syrup of rhubarb and a syrup of senna combined acts very well. The child should be induced to have an action of the bowels in the recumbent position. The prolapse is much less liable to occur if this method be adopted. The mother or nurse should watch each action, and if prolapsus take place immediately replace it. Pin-worms, dysentery, phimosis, etc., will produce prolapsus, so if anything of this kind be present they should be attended to.

If the prolapsus has been frequent we will find it necessary to apply a compress to the anus. I use the absorbent cotton and fasten with a T-bandage. If the prolapse has existed any length of time the parts are inflamed and painful, and it is best to give chloroform for the purpose of reduction. This is seldom ever necessary, however.

To replace prolapsus of the rectum in adults the same process may be used as in children. I have used adhesive plaster, drawing the hips together after the prolapsus has been reduced to prevent its immediate recurrence. I do not think it is successful, for it will not always keep the parts up, and it has a tendency to make the patient very nervous. The cotton pad answers the purpose much better. I advise the patient to take an enema of a pint of cold water before defecating, to have the action in the recumbent position if they can, or what does nearly as well, to stool as near standing as possible—that is, have a high seat in the water-closet. After defecating wash the protruding mass with cold water and oil and replace. If he can remain for half an hour or more in the recumbent position the sphincter will contract and usually there is very little tendency for the bowel to come down before another action takes place. I recommend the adult to habituate himself to having an action just before retiring at night,

thus giving the sphincter the whole night to contract.

We must look after the general condition of the patient. Generally when we have these relaxed sphincter muscles there is a lack of tone in the system. Hence we must give tonics, iron, cod-liver oil, maltine, etc. I believe a sulphate of strychnine pill, one-fiftieth of a grain, after each meal, one of the very best tonics for this condition. Astringent injections I do not think are of much use. I never have seen much improvement follow their use. We may use tannin, alum, etc. I have noticed good results from the prolonged use of *hydrastis canadensis*. I do not think the benefit comes from its astringent qualities. I believe it gives tone in some way to the parts, and it is soothing and healing. Take one teaspoonful of the fluid extract of *hydrastis canadensis* (Merrell's), mix, with two or three tablespoonfuls of water, and inject into the rectum twice a day, the second time just before going to bed. This enema should be retained, and it is not very difficult to do this after using it a few times.

The local treatment that I have received the greatest benefit from is an injection under the mucous membrane of from five to ten drops of carbolic acid about every ten days. Each time we use the injection we should select a new place. Take five drops of a saturated solution of carbolic acid, mix with ten or fifteen drops of sweet oil. Press the needle full length under the mucous membrane and inject slowly as you withdraw the needle. Inflammation and sloughing follow. When cicatrization takes place we have considerable contraction. When the one application heals use another at some little distance from the first. Six or eight injections are needed where the protrusion is large. I have used Van Buren's method of cauterizing with the hot iron a longitudinal surface of the mucous membrane. This may be done in several places at once, or we may repeat once a week. The nitric acid may be used in the same way. Great care needs to be used when nitric acid is applied. Nearly all applications fail

to produce a permanent cure in large prolapses in adults. In children they are much more successful. In children I think we can overcome the prolapsus by care in stooling and keeping the parts up. In adults, on the other hand, the sphincter muscle becomes so relaxed that we can do very little. Could we make a new and more powerful sphincter it would be well, but, unfortunately, we have not as yet been able to do it.

I have dissected out portions of the mucous membrane and the skin at the verge of the anus and brought the edges together with stitches. This has prevented the prolapsus for a short time only. The benefit derived does not pay for the trouble and annoyance. Excision of the protruding part has been done, but I have never heard of it being successful. I know of nothing better than keeping the prolapsing parts well up with a compress and a bandage and the injection of carbolic acid.

To sum up, therefore, the treatment of true prolapsus of the rectum is not very promising in adults. Children can always be cured.

My next paper will be upon the subject of hemorrhoids.

Room 30 Courier-Journal Bldg.

Esophageal Stricture.

In cases of esophageal stricture always examine carefully for aneurismal trouble of the aorta, as rough passing of instruments in such cases has led to rupture and sudden death. If the trouble should be due to malignant disease, an instrument might be forced through the esophageal walls. If, therefore, it does not pass quite readily, it is best to desist and perform a gastrostomy if necessary, in order to feed the patient.—*International Journal of Surgery.*

ALWAYS empty the bladder before tapping the abdomen. Neglect of this precaution, especially in old men who may have retention due to prostatic trouble, may lead to puncture of the bladder.—*International Journal of Surgery.*

SYRINGOMYELIA.

A Clinical Lecture.*

BY F. W. LANGDON, M.D.,
CINCINNATI,

LECTURER ON NERVOUS DISEASES AT THE CLINICAL AND PATHOLOGICAL SCHOOL OF THE CINCINNATI HOSPITAL (MEDICAL DEPARTMENT UNIVERSITY OF CINCINNATI); NEUROLOGIST TO THE CINCINNATI HOSPITAL; CONSULTING NEUROLOGIST TO THE PRESBYTERIAN HOSPITAL, THE EPISCOPAL HOSPITAL FOR CHILDREN, AND TO CHRIST'S HOSPITAL, ETC.

Ladies and Gentlemen:

Through the courtesy of my colleague, Dr. George A. Fackler, I am enabled to present to you to-day a case of unusual interest, first, because of its rarity; secondly, by reason of the practical relation of the disease it represents to our knowledge of spinal localization and diagnosis.

From the history as read by Dr. Jones we learn that this young woman (C. G.), nineteen years of age, a housemaid by occupation, was born on a farm, of healthy parentage. There is no history of nervous disease in her family. She is the first of four children; the other three are living and well. She thinks her father died at about fifty, cause unknown. Her mother is living and well. Both her father and mother were born in this country of German parentage.

The most significant feature of her personal history is that, in common with the rest of the family, she did hard field labor on the farm from about her seventh to her fourteenth year. At the latter age she went out to domestic service and has since done the work of a grown woman.

She was admitted to the medical department, under Dr. Fackler, November 19, 1899, for diphtheria, which yielded readily to the antitoxin treatment. Upon her recovery she was transferred to the neurological service on account of the extreme weakness and muscular atrophy in her hands, which she states began in the right wrist, three years ago, as a marked weakness on exertion, accompanied by pains of some severity radiating from the hand to the shoulder. About a

* Delivered at the Cincinnati Hospital, December 22, 1899. Reported by Dr. Mary Hawes, interne, and revised by the author.

year later she noticed that the hand was shrinking in size and the skin was loose and flabby. Another year passed and the same conditions appeared in the left hand, and have increased to the degree which you see.

There is no history or evidence of syphilis, injury or alcoholism.

She is, as you see, of average height, weighs about 118 pounds, and is healthy-looking and fairly nourished in general, though not robust in physique.

In complexion she is of a decided erythrocephalic type, with thin skin, brown eyes and fair teeth.

Her temperature is normal; pulse 96, full and regular. Urinalysis reveals no abnormal condition.

Her mental state is good and speech defects are absent.

The visual fields are nearly normal, the left eye, however, showing a contraction of fifteen degrees in the outer field (measured by perimeter). The pupils do not dilate readily or fully on exclusion of light. (Later test with homatropine also shows deficient dilatation.)

There is some fibrillation of the intrinsic tongue muscles, with slight muscular atrophy, indicating, probably, involvement of the hypoglossal nucleus.

Smell, taste and hearing are good on both sides.

Looking at the hands, you observe that the muscles of the thenar and hypothenar eminences are markedly atrophied, the right hand more so than the left (see Fig. 1). The right hand, moreover, tends to assume a "clawed" expression, the "*main en griffe*" of the French. The muscles of the forearms are also atrophied in some degree, though not excessively to the eye. The dynamometer test, however, shows a grasp of only $7\frac{1}{2}$ in the right and 18 in the left hand. This should be at least 50 in either, under normal conditions. A glance at the shoulder girdle muscles shows evident wasting of the right deltoid, with undue prominence of the head of the humerus and drooping of the shoulder as compared with the opposite side (see Fig. 2). There is also inability to elevate the right arm much above a horizontal line.

Asking her to "shrug" the right shoulder, you note that she cannot overcome my very slight pressure with one finger on that side; on the left this shrugging movement is a trifle stronger, but still very weak. This indicates, of course, defective action of the trapezii muscles in their scapulo-cranial portion.

Testing the power of the remaining muscles of the upper extremities by asking her to resist various movements of flexion, extension, pronation and supination, we see that all are weakened perceptibly, more so in the right arm than the left, generally speaking.

The muscles of the abdomen, lower back and legs are not perceptibly weakened or atrophied.

Electrically tested, we get no response to galvanism in the hand muscles; the forearm and arm muscles respond variably, some sluggishly. A notable change in the electrical reactions is present in the scapulo-cranial portions of both trapezii—namely, *R. D. with polar reversal in this portion*—while normal response is obtained from the scapulo-thoracic portions. In other words, the contraction of the upper half of each muscle is greatest to the anode closure and sluggish in quality, while the contractions of the lower half of each muscle are greatest to the kathode closure and quick in quality. (See Fig. 3 for muscular defects.)

Looking at the patient superficially, with only the marked muscular wasting in upper extremities in view, two things would naturally suggest themselves.

First, atrophy consecutive to diphtheritic neuritis. This is excluded, however, by the fact that the atrophy began at least three years previous to the diphtheritic attack.

Secondly, we might have here a progressive muscular atrophy, which presents a similar general "pattern" in its progress, and begins commonly on one side.

The case is atypical of this disease, however, in several respects, namely:

1. The patient is rather young, but cases at even earlier age are recorded.¹

¹ Gowers notes a case at fourteen, and quotes another at twelve. "Manual of Nervous Diseases," third edition, p. 533.



(Right.)

(Left.)

FIG. 1.—Atrophic changes in hands.

(Dr. W. McL. Ayres, of the house staff, has kindly taken the photographs for the illustrations of the scoliosis and the muscular atrophy in the hands.)

2. Progressive muscular atrophy is most common in males, yet it does occur in females.

3. In progressive muscular atrophy the trapezius is unaffected, or affected very late, in its scapulo-cranial portion,¹ the part that "shrugs" the shoulders.

¹ Gowers, "Manual of Nervous Diseases," third edition, p. 536.

In this case this portion is most affected, presenting almost complete loss of power and R. D. with polar reversal.

Our case, therefore, emphasizes the fact that, however important the motor symptoms may be, they are rarely sufficient of themselves to indicate a positive diagnosis.

We turn our attention, therefore, to the



FIG. 2.—Showing scoliosis, drooping of right scapula, and atrophy of deltoids and trapezii.

SENSORY SYMPTOMS:¹

We note that our patient, with closed eyes, responds readily and promptly to light touches with finger or cotton everywhere over the upper extremities, neck and thorax. On testing with a pin, however (see chart of cutaneous sensation, Figs. 4 and 5), we find a limited area over the right shoulder and upper arm, extending in a band to the spine, where a pin prick does not cause pain; she feels the touch, but not unpleasantly. Elsewhere, you perceive, she flinches markedly from the pin prick.

Testing next her sense for temperature with these test tubes, one containing ice-water, the other water uncomfortably hot to our hands, we note an entire absence of response to either over certain areas. Over other areas adjoining the response is uncertain, several contacts being made with only an occasional response. On other areas, namely, the left side of neck and in the lower thorax, front and back, the sensibility to both heat and cold is acute.

We have, then, in these peculiar sensory losses, the classic "dissociation symptom" of Charcot—sensibility for pain, heat and cold being "dissociated" from that for touch over certain areas.

Taken in connection with the history and muscular symptoms, this peculiar sensory dissociation makes clear the diagnosis of

SYRINGOMYELIA.

Though the symptoms so far are

¹ Attention is here directed to the desirability of adopting a uniform code of signs to indicate the various losses of sensation. The following code is in use at the Queen Square Hospital, London, with the approval of Sir William Gowers, Mr. Victor Horsley and others, and is the form adopted in the Cincinnati Hospital:

Transverse lines indicate loss of tactile sensibility. Note *T* for *tact* and *transverse*.

Perpendicular lines indicate loss of pain sense. Note *P* for pain and perpendicular.

Oblique lines downward from right to left indicate loss of heat sense. The same from left to right, loss of cold sense. For partial loss of either sense the lines are broken.

A systematic use of such a code enables a diagram to be intelligently read at a glance, and avoids the confusion due to use of different sets of signs by each observer.

sufficient for a diagnosis, others of importance are present. I have already alluded to the defects in the pupils, the visual fields and the intrinsic tongue muscles.

Scoliosis, the convexity directed to the left, is also present in slight degree (see Fig. 2). This may be due to muscular weakness or to trophic joint lesions, perhaps both.

Dermographism—the appearance of a red streak (vaso-paresis) after slight cutaneous irritation by a pencil or the finger nail—is present over the arms, chest, abdomen and back.

Pressure, localization and posture senses appear to be normal everywhere.

The epigastric and abdominal reflexes are present.

The knee-jerks are active.

Ankle clonus is absent.

The plantar reflex¹ is of the *flexor type* in both feet, generally speaking, with, however, an occasional *extensor* response in the right foot only, which may indicate, perhaps, a partial involvement of the pyramidal tract on that side.

Symptoms now absent, which may be expected to appear in time, are arthropathies, trophic ulcerations of the skin and subcutaneous tissues, bulbar palsies from extension to the oblongata, spastic paralysis in the arms and legs from involvement of the pyramidal tracts, tabetic symptoms from extension to the posterior columns, loss of control of the sphincters, and finally, respiratory and cardiac failure to close the scene. Life may be prolonged for from five to forty years, and the termination is commonly due to complications, such as cystitis, tuberculosis, sepsis, etc.

(You perceive from this melancholy procession of events my reason for directing that the patient be removed to the ward before concluding my remarks).

While we have in the muscular atrophy and sensory dissociation the

¹ The reader is referred to Collier's article in *Brain*, 1899, p. 71, for a detailed account of the importance of variations in the plantar reflex; also to an article by the writer in this journal, February 17, 1900.

classic symptoms which enable us to give to this disease a name, this does not satisfy the demands of modern neurology.

Having evidence of organic nervous disease, two questions present them-

cerebral motor lesions are usually of unilateral distribution, and muscular atrophy, R. D. and dissociation anesthesia are absent, as a rule.

The lesion in this case, being evidently bilateral, is of spinal or neuritic

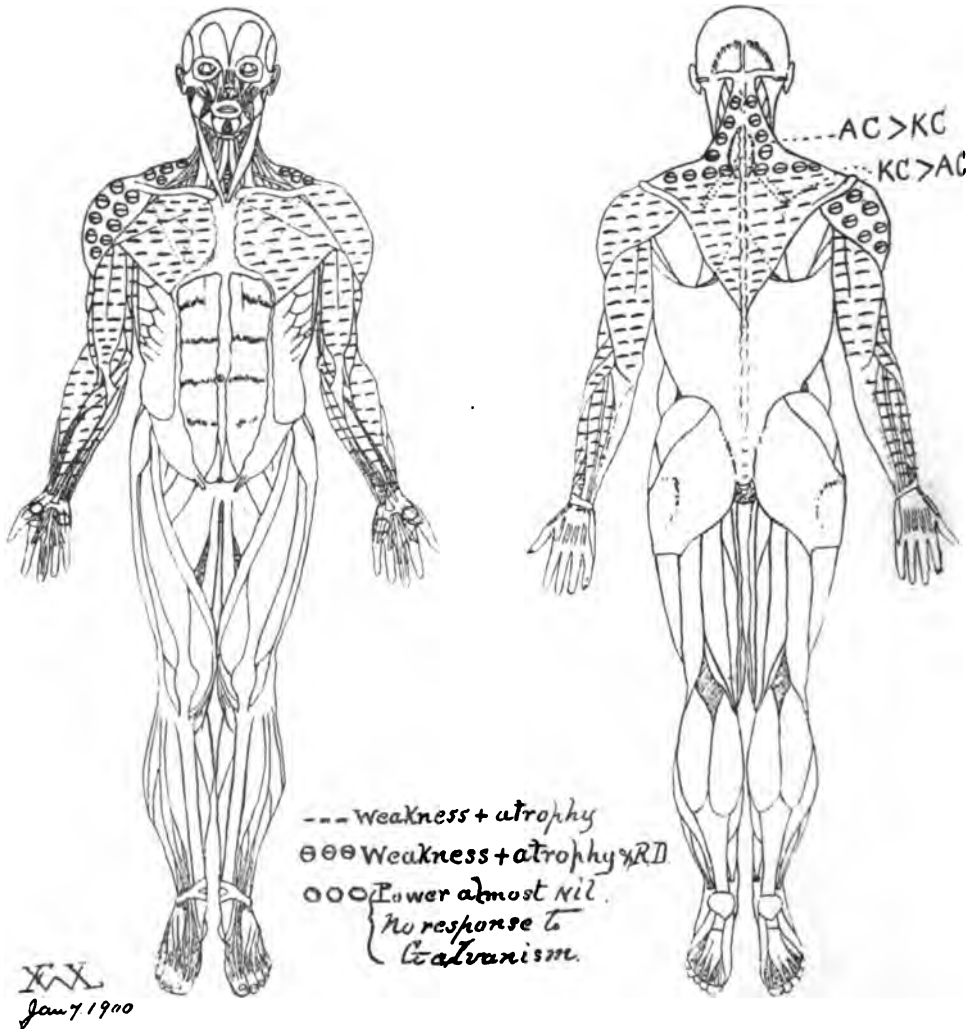


FIG. 3.—Showing distribution of muscular atrophy.

selves to the physician for solution, namely:

1. *Where* is the disease—in other words, its localizing diagnosis?
2. *What* is the disease—its pathological diagnosis?

Turning your attention first to the localizing diagnosis, we may note that

type. Neuritis is excluded by the history and absence of pain or tenderness in the nerve trunks or muscles (excepting in the trapezii, upper portions, where tenderness to pressure does exist).

The lesion here, being bilateral and accompanied by muscular atrophy, is probably spinal in origin. This is re-

dered certain by the "dissociation" sensory symptom, which also points to the central gray matter of the cord as the seat of the lesion. It is in the central gray matter that the conducting

of the gray matter that the bodies of the motor neurons for the voluntary muscles are situated. Hence, the nerve degeneration and muscular atrophy which follows their destruction.

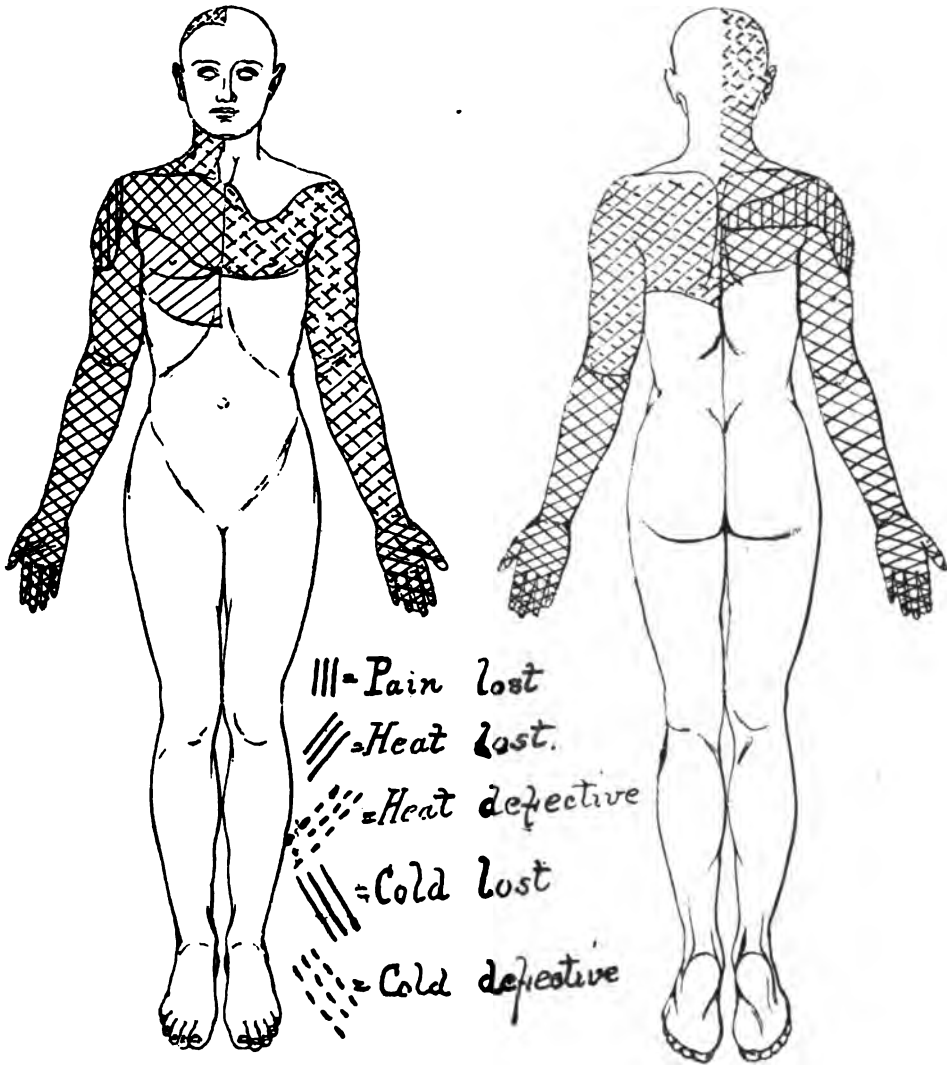


FIG. 4—Chart of cutaneous sensibility. No defect of tactile sensibility anywhere. Unshaded areas are normal.

paths for pain, heat and cold are believed to pass, crossing to the opposite side of the cord from that in which they enter. Hence, a lesion here will destroy them in various degrees and areas, according to its extent.

It is in the ventral (anterior) horns

By noting the distribution of this muscular atrophy and its relation with the cord segments, we arrive at a knowledge of the vertical extent of the lesion (see chart of muscular atrophy).

We have already arrived at the horizontal extent of the lesion by noting the

probable slight involvement of the right pyramidal tract. The posterior columns are probably intact, as no tabetic symptoms are present.

The lesion then appears to be situated in the spinal cord, extending from the fourth cervical to the first thoracic segments. It is probably irregular in form, and occupies chiefly the gray matter, but encroaches slightly upon the right pyramidal tract.

As regards the second question, of diagnosis—*what is the nature of the disease?*—this is ordinarily not so simple of solution. The symptoms might be

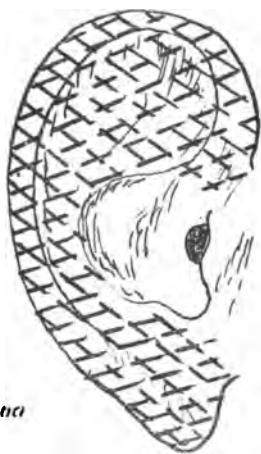
gross, causing gradual compression and absorption of gray matter, could cause the syndrome here presented. Such a growth occurs as a proliferation of the epithelioid cells lining the central canal of the cord. Microscopically it is a *glioma*, a tumor composed of embryonic neuroglial tissue. It may be located immediately around the central canal or to one side or the other in the gray matter. In either event it is apt to develop more in some directions than in others. Hence, the preponderance of the symptoms on the right side in this case, and the variability in the sensory dissociation symptoms in different cases. Such a growth, as it gradually enlarges, tends to die and soften at its centre, much like a tubercle. It does not, however, undergo caseation. The softened portions are simply liquefied and absorbed, leaving a cavity; hence the name—*syringomyelia*.

The microscopic preparation which is passed around for your inspection is a section of the cervical cord in a case of this disease, kindly presented to me by my friend Dr. W. S. Colman, of the National Hospital, Queen Square, London.

We conclude, therefore, reasoning by exclusion, that we have here a case of this rare disease, which is becoming more commonly recognized of late years by reason of better facilities for diagnosis. This is shown by the fact that one hundred and twenty cases have been recorded in the literature of the world since 1890.¹

From the admirable monograph by Hinsdale, we learn that the disease was first described in 1740 by the Italians Morgagni and Santorini. It is only within twenty or twenty-five years, however, that the diagnosis has been made clinically. Previous to this it was made only at the autopsy.

Hinsdale defines the disease as "a chronic affection of the spinal cord characterized anatomically by the pathological formation of cavities in its substance, and clinically by peculiar disturbances of sensibility, associated with



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Jan. 7. 1900

FIG. 5.—Right ear, showing marked heat and cold defect, with preservation of tact and pain. The concha apparently escapes. It is possible that the apparent preservation of sensibility to heat and cold there is due to radiation to the meatus and drum.

due to *any* lesion of the central gray—a hemorrhage, a thrombus, a myelitis, a gumma or other tumor. The first two are excluded, however, by the slow onset; gumma by the absence of history or evidence of syphilis, in addition to the slow progress and limited extent of damage after so long a period; while myelitis would have had in most cases an acute or subacute onset, with motor and sensory paralysis of entire body below the lesion, sphincter defects, bed-sores, and in the event of recovery, marked spastic gait, with plus knee-jerk, ankle clonus and extensor plantar reflex in both feet. Practically, only a central growth of extremely slow pro-

¹ Hinsdale, "Syringomyelia," Alvarenga prize essay, Philadelphia, 1897.

trophic disorders. As regards location, it may occupy any portion of the cord, but is more frequent in the cervical enlargement." The affection known as Morvan's disease, with ulcerations and necrosis about the fingers, in addition to the characteristic symptoms of syringomyelia, is, according to Hinsdale and others, merely a variety of this disease.

As regards *causation*, trauma, spinal hemorrhage, the male sex and early adult life appear to be predisposing causes. The exciting cause, like that of new growths generally, remains unknown. Over-exertion at the developmental period of life may be a factor in our case.

The treatment is summed up in few words: Rest, nutritional measures, and prevention of complications, such as bed-sores, cystitis and sepsis. The medicinal treatment consists in the administration of arsenic, which has some repute in limiting the growth of tissues of the class to which glioma belongs; and in drugs to relieve pain and promote the comfort of the patient generally.

Guaiacol as a Local Anesthesia.

Guaiacol is being used extensively, especially in England, as a local anesthetic in operations upon the nose, throat and ear. It is said to be quite as efficient and to be much less dangerous than cocaine. There is no hyperemia following its use, but its action is slow; it causes considerable smarting, and its odor is disagreeable. — *Med. Review*.

Lime in the Eyes.

Lime frequently causes great pain in the eyes, and sometimes destroys the sight. A simple remedy, which at once removes the pain, is to wash out the eye with sugar-water. The lime in this case enters a chemical combination which soon takes away its corroding action. — *Med. Brief*.

ACONITE is indicated where there is a small, hard, sharp, frequent pulse, chilly and aching sensations, at the onset of fevers. — *Med. Summary*.

Correspondence.

MIDWIFERY IN NEW MEXICO.

FIERRO, N. M., Feb. 15, 1900.

Editor LANCET-CLINIC:

I have a little item of observation in the obstetrical line that has appealed to me and no doubt would be interesting to you.

I had occasion recently to witness the delivery of a Mexican child by a native midwife.

Before I begin I will say that these Mexicans are a mixture of Indian and Spanish, and are almost nothing more than savages.

I was called (there has never been an American physician in this section) on account of delayed (?) labor; the woman had been in labor five or six hours. I saw that everything was all right, and thought it a good opportunity to see how they do it where there are no "doctors." This may not be new to you but it was exceedingly interesting to me.

The midwife (?) sits "tailor" fashion between the limbs of the patient (the patient on her back), and awaits the coming of the child and receives it in her outstretched hands. She points to the caput succedaneum and shakes her head (seems to understand). As soon as the child is born it shifts for itself, and the midwife begins immediately the delivery of the placenta. She manipulates the abdomen by pressing backward and downward, wrist on pubes and palm over uterus, right hand; her left hand partially in vagina, manipulating—I couldn't tell how. Midwife instructs patient to poke a piece of rolled paper (ready prepared) down her throat, which excites "gagging" and wrenching, and in that way aids expulsion. The placenta soon comes away, and she then lets the mother shift for herself and wraps the baby and placenta in a cloth (still attached) and deliberately sits down on the ground beside the bed (?)—a lot of blankets on the ground—and rolls and lights a cigarette and takes a few puffs, then proceeds to skein some white cotton thread from a spool and twists it very

carefully into a very neat cord about one foot long and the diameter of a shoe-string. She then unwraps the baby and placenta and ties the cord very neatly and securely about two inches from the child's abdomen, cuts the placental side and burns the stump portion beyond the tie (distal end) almost to a crisp with a lighted candle; oils the baby with sweet oil and her work seems to be done.

There were no aseptic precautions whatever, and the singeing of the stump the only antiseptic one.

I understand the mother made an uneventful recovery. I have not yet inquired into the mortality-rate, but judge it is very low, considering. These people are very filthy.

C. E. BEESON, M.D.

Warfare and Wounds.

The modern small arms are again receiving a crucial test in the war that is being waged in South Africa. The occasional explosive effect of the small-calibre bullet driven with extraordinary rapidity has again caused unwarranted accusations on the parts of the belligerents that the other side was making use of explosive bullets. When the surgical history of the present war appears we will once more be impressed with the fact that wounds through important viscera are frequently attended with recovery, such as it would have been hopeless to expect with the older and discarded weapons of former wars. In the meanwhile true antiseptic methods and the use of the X-ray for determining the presence of foreign bodies, and ascertaining the exact nature of wounds of bones, will enable many an injured man to see his home again, who would formerly have been left behind, listed among those whose lives were lost. It is evident that the perfection of modern destructive methods does not in every way make war more terrible than it was wont to be, and those who believe that warfare is bound to disappear owing to the frightful execution of perfected arms, are yet very far from seeing their dream realized. — *International Journal of Surgery*.

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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CINCINNATI, MARCH 10, 1900.

Editorial

CLEAN NEWSPAPERS.

"While as a rule I have not been an endorser of the methods of the *Cincinnati Post*, of this city, one can not help support them in their decision to no longer advertise the medical quacks whose advertisements are full of utterances most damaging to young people, and who flaunt their wretched announcements in the most infamous terms. I know positively that one alleged medical company has been paying the *Post* \$600, but the advertisements were of the most nauseating nature and were dropped, although appearing in just as flaming statements in other papers. The *Post* has been declining all such advertisements for months and its management proposes to live without them as soon as all existing contracts expire. The growth of these medical freaks is something awful and they have been made possible by the freedom with which the dailies encouraged them in the use of their columns. Perhaps the *Post* has at last really introduced a commendable movement." — *Chic*, February 24.

The unexpected ever and anon takes place or turns up, and here it is in a form that seems almost too good to be

true. Twice-told tales are not a circumstance by comparison. Cogitating, the old refrain softly, gently floats through the ambient air :

While the lamp holds out to burn,
The vilest sinner may return.
An echo is heard—
We will welcome him,
We will welcome him
Just now, just now,
We will welcome him just now.

This is one of the most remarkable evolutions that has ever taken place in the local press, and means much more than an every-day item of ordinary information. It means primarily a clean newspaper. Eliminate the vile quack ads., that are a delusion and snare to the unwary, for they are all based on a criminal offense of obtaining money under false pretenses, and the paper becomes normally clean and fit for family reading. It means a moral elevation, purity of tone and character that is commendable. It means a probable loss of revenue to the paper, which the writer believes will be more than made good at an early day. The natural instinct and intuitions of a vast majority of people are in favor of good morals, and hence will favor the newspaper that stands for their opinions. Quack ads. constitute an important part of the revenues of the ordinary daily paper, and their entire elimination will surely take any such paper from that category and place it in the extraordinary column. The writer firmly believes the act will pay the paper that takes this step in a financial way. It certainly will be remunerative in the satisfaction to be obtained from a positive knowledge of having done a good act. The influence following will be incomprehensibly great, and cuts in every direction. If the Postoffice Department will only follow up this line of policy and eliminate from the mails

the third- and fourth-class matter that is fraudulent and caters to crime, what a change for the better would follow!

The LANCET-CLINIC gladly joins *Chic* in extending its warmest congratulations to the *Post*. May it live long, prosper and never die, consolidate or merge!

The *Post* has some ad. contracts that are unexpired and a few of these may run for some time, but most of the class referred to are transient, and will, according to *Chic*, disappear.

It is one of the easiest things in the world to criticise the management of a newspaper of any sort; even medicals prove no exception, and pretty near every alternate man firmly believes he can guide the rudder pen altogether better than the man then doing the work. He would put more snap, less gush, more news, less scare heads, more learned dissertations, and change nearly everything for the better, illustrating the old saw: "Where ignorance is bliss 'twere folly to be wise."

The makeup and issue of any daily paper, however insignificant, is a task of no ordinary dimensions, and the man who can do this day after day and make the paper a success is a major-general in ability. He is one of the world's great men, and possesses the attributes of leadership with his fellows. To be or not to be are the decisions of a moment; time for references and verification are out of the question. That mistakes do sometimes happen is always conceded and regretted, but the making of them is narrowed to the limit of an oft-tried judgment. Journalists of experience realize the trying positions in which they are often placed, wish it were not so, but conscious of good and honest motives, drive their pens for an uplift of their fellowmen.

Journalists, as a rule, have very high

conceptions of their occupation. In a way that is their own they constitute themselves into clerics, both preaching and teaching to audiences long out of reach of the most stentorian of tones. Unconsciously they become both bench and bar, and set as a court of highest resort, giving utterance to every-day findings of a public opinion jury. From this high pinnacle he comes easily down to a reception of a want ad. or a construing of a notice of a birth at the house of Mr. and Mrs. Jones, for which thanks are tendered to Dr. Barnes, as though the Doctor was the author of the heir apparent to the hospitable house of Jones. As there may be some confusion in the names owing to similarity of sound a nice discrimination must be made, so that the real, genuine and no mistake of parental authorship will be made.

All of these things and more are submitted to a managing editor, so that when the alternate man imagines himself to be a born journalist don't smile, but let him alone in his glory; it would be unwise to rudely jostle and awaken him to a shimmering scene of reality.

EDITORIAL NOTES.

ACADEMY OF MEDICINE.—The annual election of officers, held Monday evening, March 5, resulted as follows:

President—Dr. Chas. L. Bonifield.

First Vice-President—Dr. B. P. Goode.

Second Vice-President—Dr. George B. Orr.

Treasurer—Dr. Samuel Allen.

Recording Secretary—Dr. Harry Cone.

Corresponding Secretary—Dr. M. A. Tate.

Librarian—Dr. Arch I. Carson.

Trustees—D. E. Gustav Zinke, Dr. C. Heady, Dr. A. B. Isham.

THE report has been circulated that the New Orleans Polyclinic has been suspended on account of small-pox in New Orleans. This statement is absolutely false. The Polyclinic has had a continuous course since November 20, and will continue until May 12. The small-pox situation in New Orleans has at no time justified any apprehension on the part of those attending or who might wish to do so. So says Dr. Isadore Dyer, Secretary of the Polyclinic.

THE SANDER PRIZE.—Following are the rules for competition for the gold medal of the value of \$100, dedicated by Mr. Enno Sander, of St. Louis, for the best paper on military surgery, presented at the annual meeting of the Association of Military Surgeons of the United States:

1. Competition to be open to all members of the Association.

2. Each competitor shall send three copies of his essay, in a sealed envelope, to the Secretary, Lt.-Col. Chas. Adams, Central Music Hall, Chicago, Ill., on or before April 15, 1900. The essay must be strictly anonymous, but the author shall adopt some *nom de plume* and sign the name to the essay, followed by a figure corresponding with the number of pages of the manuscript. A sealed envelope bearing the *nom de plume* on the outside, and enclosing full name and address shall accompany the essay, this envelope to be opened in the meeting of the Association after the decision of the Committee on the Prize Essay has been received.

3. The Committee will designate the essay worthy of the prize, and also in their order of merit those deserving of honorable mention. Should the Committee deem proper, it may recommend neither prize nor honorable mention.

4. The successful paper shall be published in the transactions of the Association.
COL. N. SENN, Surgeon General U. S. A.
MAJ. A. C. GIRARD, Surgeon U. S. A.
CAPT. GEO. W. WOODS, Medical Director U. S. N.

Committee.

AMERICAN ACADEMY OF MEDICINE.—The twenty-fifth annual meeting of the American Academy of Medicine will be held at "The Shelburne," on the beach at the end of Michigan

Avenue, Atlantic City, N. J., on Saturday, June 2, and Monday, June 4, 1900.

PAPERS PROMISED.

1. President's Address. Dr. G. Hudson Makuen, Philadelphia.

*Contributions to the Annual Symposium—
"The Medical Aspects of the Home."*

2. "What Are the Essential Conditions for a Habitation to Develop and Maintain a Healthful Family Existence?" Dr. Rosa Engelmann, Chicago.

3. "The Influence of Early Training of Manly and Womanly Qualities to Avoid Degeneracy." Dr. J. Cheston Morris, Philadelphia.

4. "Artificial Lighting of the Home." S. D. Risley, Philadelphia.

5. "The Influence of Medical Supervision of Children in Their Homes." Dr. J. Madison Taylor, Philadelphia.

6. "The Physicians' Influence in *re* Vacation Schools." Dr. Helen C. Putnam, Providence.

7. "Defectives and Delinquents Inside and Outside the Family Circle." Dr. James W. Walk, Philadelphia.

Papers on Miscellaneous Topics.

8. "Is Co-operation Between Colleges of Arts and Sciences and Schools of Medicine Desirable?" Dr. A. L. Benedict, Buffalo.

9. "Physiologic Psychology as a Necessary Element in Medicine." Dr. W. J. Herdman, Ann Arbor.

10. "Medical Education of To-Day." Dr. Bayard Holmes, Chicago.

11. "Neglected Clinical Opportunities in American Medical Centres." Dr. S. A. Knopf, New York.

12. Subject to be announced. Dr. W. L. Pyle, Philadelphia.

13. "The Physician vs. Medical Proprietors and Medical Patentees." Dr. A. Ravogli, Cincinnati.

14. "Medicine in the Philippines." Dr. Harry Park Ritchie, St. Paul, recently on medical duty with the U. S. V. in Luzon.

15. Report of the Special Committee to formulate the conclusion reached regarding specialism and advertising at the last meeting of the Academy.

There is room for a few additional papers without crowding the programme. Some of these are promised provisionally, but are not included in the list. Any one desiring to contribute a paper should at once notify the Secretary, as the policy of the Academy is not to overcrowd the programme.

Obituary.

JOHN A. MURPHY, M.D.

Dr. Murphy is no more, but his influence will continue in our midst for many years. He died February 28, aged seventy-six years, one month and five days. He had lived more than the allotted time of man, and in the fullness of years was gathered into an eternal rest.

Few men in the medical profession were so well known as the deceased. He was indeed a rare man, and possessed of a character that was all his own. In early life he was aggressive and positive; it is doubtful if he had a single negative trait. This made him frequently selfish and often domineering over those with whom he was associated. In later years these characteristics were greatly softened, and he became mild and gentle where he had been irascible, and as his disposition changed his mind broadened without a diminishing of the brilliancy of his intellect.

Nearly all his life Dr. Murphy was a sufferer of pain, which at times was very intense. In early youth he met with an accident in which the bones of his right foot were severely crushed; the injury involved the ankle-joint to a serious extent. The writer surmises that this had much to do with the extreme irritability of disposition that possessed him at times.

At the outbreak of the civil war the State government sought his services in an organization of the medical department, where he rendered valuable aid. Unable himself to regularly enter the army, he failed not to give freely of his time and labor to sustain the government. During the last five years on different occasions in talking with the writer he bewailed the fact that he could not become a member of the Grand Army of the Republic and Loyal Legion. Of all things he wanted to be identified with these men and to have his name perpetuated on their rosters.

His relations with the medical profession are familiar to physicians, and it is fair to say he had much to do with

setting high standards in the practice of medicine in this city and State.

Dr. Murphy understood and appreciated the value of professional organization for the attainment of given purposes. Day after day and week after week he labored in conjunction with others to secure a passage of the bill that created a State board of health. His time and money were freely given to all measures having for their purpose an uplift of the medical profession to high planes of practice.

A few years ago, when the LANCET-CLINIC was waging war on some local quacks, the editor was sued for libel and heavy damages, he generously tendered the writer a sum sufficient to pay all attorneys' fees and court costs which might be involved in a defense. This he insisted upon doing, and would only be put off with a statement that when necessary he would be called upon. Other gentlemen made similar offers. While these tenders were not accepted, they counted largely as strengtheners of the hands that did the work.

As Dr. Murphy loved his profession with all the intensity of his being, he also loved the Miami Medical College—it was the very apple of his eye—and the Cincinnati Hospital, of which he was a trustee at the time of his death. Over and beyond these was the love and affection he bore for his church. During late years he was an exceedingly devout member of the Second Presbyterian Church, and was a lineal descendant of Scotch-Irish Covenantor stock.

Dr. Murphy's family have sustained an irreparable loss, and have the condolence of a large circle of friends; the city loses a good and upright citizen; the medical profession a bright and shining light; the church a staunch pillar of support; hosts of friends a congenial companion. The writer will miss his frequent calls at the LANCET-CLINIC office, where he was always a warmly-welcomed visitor. Miss him? Yes, and sincerely mourn his demise. Dr. Murphy stood for high ideals in life, and to the best of his ability lived up to them. He is a great subject for con-

templation, of whom a volume could be written, but here we leave him. He is gone, and we ne'er shall see his like again.

At a large meeting of the medical profession, held in the office of Dr. Ransohoff, the following action was taken:

"The friend and colleague whose loss we deplore was one of the strongest advocates of medical society work in our city and State. Entering upon the practice of medicine at a time when science demanded of its votaries an extended acquaintance with every department, he early realized the value of the exchange of experience, which is the prime object of the Academy's work. Ready in debate himself, he brought to the discussions upon its floor a mind trained by long and thorough study, carefully remembered personal experience and an analytical faculty—keen to detect the slightest error. He embellished his remarks with outbursts of native wit, that always made more telling the point at which he aimed. It was his delight to take part in the proceedings, as it was the pleasure of its members to receive the benefit of his vast experience. Few men are permitted to impress their personality so strongly upon even casual acquaintances. There seemed to be a certain propriety, in that nature had gifted the strong, rugged character with a physique to correspond. In all matters pertaining to the right of his profession he was indeed a lion of Judah. His early training and the native strict rectitude of his character recognized no compromise. His standard was high and pure, and whatever did not conform thereto was, in his judgment, absolutely wrong and unworthy of recognition. He has formed his judgment at a time when strife was hot between the schools of medicine, and with most unselfish devotion to the profession of his choice, he could not and would not conceive the propriety of any save what were to him the correct methods. With convictions so fairly settled, with the fearlessness so characteristic of strong men, it was but natural that he should always be in the van whenever the rights of medicine were assailed. Nor did he always wait for attack. Quick to resent wrong, his impulsive nature would not tolerate even the suspicion of impropriety, and often prompted him to sharp attack. Those who opposed him will not hesitate to bear this tribute, that he was a worthy foe. No sacrifice seemed to him too great to further the interest of his profession. Personal advantage was willingly offered, time and money freely given. When the bill to create our City Hospital was before the Legislature he spent a week in Columbus. On other occasions, when the interest of the profession demanded, he did not hesitate to be of those who would personally and on the ground oppose vicious legislation.

"The hospital was a source of great care

and pride to him. Having assisted largely at its creation, he followed the phases of its career with ceaseless interest and died in its service. For many years a member of the staff, he was a model of punctuality in attendance, and gave unselfishly of his time and skill. His resignation from the staff was necessitated by failing health, which also induced him to retire from active private practice.

"As a teacher the strong personality of the man never failed so to accentuate his remarks that the student carried away with him the intended lesson as a memory for all time. Ready in speech, with an unusual gift of illustration and with mature judgment to critically shape his own lessons, he became a valued addition to the medical teaching corps of this city and easily one of its best teachers.

"The student body will cherish his memory as that of an instructor unexcelled in bringing before them the phenomena of disease. His language, often intentionally homely, gave them a clear comprehension of their serious work.

"Rich in experience, gifted in mind, winding out a career crowned with success, the end came to him quickly, peacefully and painlessly. He had passed the allotted time of man, and while the bodily vigor diminished, the intellect remained unclouded to the last. We deplore his taking off; we can but endeavor to emulate his manly virtues.

"To the family we tender the assurance of sincere and respectful sympathy.

"On behalf of the profession of Cincinnati.

JOSEPH EICHBERG,

WM. H. TAYLOR,

JOSEPH RANSOHOFF,

Committee.

Treatment of Furunculosis.

Dr. Gallois communicated the results, quite extraordinary, which he obtained in the treatment of boils and wounds in general by the application of salicylate of methyl. The liquid form of the drug has the advantage of being applicable in wet dressings. Employed in the pure state by rubbing, and on extensive wounds by linen steeped in it and covered by oil silk, salicylate of methyl provokes but the slightest pain. M. Gallois considered it an excellent antiseptic, preventing the formation of pus and stimulating the granulation of the wound.—*Paris Cor. Med. Press and Circular*.

As a remedy for boils, pimples and some forms of skin disease calcium sulphide stands without an equal.—*Med. Summary*.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Growth of Hair.

The popular belief that clipping the hair makes it grow faster, is, according to J. Pohl (*Dermatologisches Centralblatt*, December, 1899), not founded on fact. This observer has made accurate measurements of the rate of growth of many hairs under a variety of conditions, and found that, if a portion of the head is shaved, the hair will grow for a month more slowly than the hairs of the unshaved portion. After the first month their rate of growth is about the same. He also found that the shaved hairs grew unevenly, and further study showed him that the hairs on the head and elsewhere are arranged in groups of two, three or four, the members of a group being closely related anatomically. One of them outgrows the other for a time, and then its pace slackens while a younger one presses into first place, to be followed by a third, etc. In other words, each hair has a life history and its rate of growth varies at different times. It is most rapid during the middle period of its life. When old, a hair falls out and a young one grows up in its place. As the hairs in a hair-group grow old and fall out successively, baldness is avoided. The average maximum length of the hair of the head is given as from two to three and one-half feet, and the average life from two to six years. The growth per month varies from one-half of an inch to an inch or more.—*Dietetic and Hygienic Gazette*.

Childbirth with Savage and Civilized Women.

The labors of savage women are known to be safe and easy. How does civilization render labor difficult? Dr. Reid holds that heredity is largely responsible; that women with small pelvises tend to have daughters with a like peculiarity, and that the individual born with a large or small head has a

tendency to transmit to his or her children a similar cranial formation: When a savage woman has a small pelvis or a large-headed child she generally dies in labor, and thus, generation after generation, narrow hips and large heads are eliminated, while the right proportion between head and pelvis is secured. In civilized countries many small-hipped and large-headed children are annually preserved. If these perished as they would among savages, the average difficulty of labor in the next generation would be appreciably ameliorated. But, as Dr. Purslow (Birmingham) pointed out, the difficulty of labor in civilized women was often due, partially at least, to deficient power of the expulsive muscles, the result of the use of corsets and the want of exercise. Posture may also to a certain extent be responsible. Savage women almost invariably assume the squatting position. If Dr. Reid's deductions are as sound as they are logical, there will be a large and increasing field for the gynecologist of the future.—*English Med. Review of Reviews.*

The Human Odor.

The fact that some animals, notably the dog, can recognize the presence of their master or a friend by the odor leads to the belief that every human being has a distinctive odor more or less constant. The sense of smell in man is not sufficiently developed to enable him to differentiate by this means between members of his own species; but in animals in which the high development of the sense organs is essential to their existence in a natural state, this method of recognition is easy.

It is entirely reasonable to presume that as no two individuals look alike, none smell alike. The smell of the negro is highly and frankly characteristic. It is more marked in the pure negro than in the mixed race, where the heavy ammoniacal odor gives place to a faint nauseating scent. Surgeon Parke, who accompanied the Emin Pasha Relief Expedition, states that the pigmies are the most odoriferous of all negro tribes. He describes the effluvium that emanates from the body

of a female pigmy when excited as overpowering. This observation is often made in the South, that small black negro women are especially gifted in respect of their smell, which approaches in intensity and similarity that of the scavenger beetle, which owes its pungency to ammoniacal decomposition of its food, in which it buries itself to fashion its globe.

It is possible that the sense of smell in man may be highly educated or congenitally exceeding acute, as in the following case cited by Dr. Bett (*Archiv der Gesammter Physiologie*), quoted in the *National Druggist*: The doctor states that a friend of his, with bandaged eyes and every precaution against collusion, was enabled, by the sense of smell alone, to recognize persons with whom he was acquainted, and to call their names the moment that they came into the room and at the distance of several paces. The experiments were varied in a number of ways, but with the unerring faculty of the bloodhound this man detected the identity of every individual presented. Other instances of a similar keenness of scent are cited by Dr. Bett. According to the man who gave the exhibition, every family has a characteristic odor, common to all the members thereof, but the intensity of which usually varies sufficiently among the various members to enable him to distinguish each individual member.—*Atlanta Journal-Record of Medicine.*

Prececal Adenitis.

At the Société de Chirurgie, M. Gérard said that three times he observed prececal adenitis, independently of appendicitis, and it appeared to him to be of a tuberculous nature. In one case he perceived in the right iliac fossa a tumor of the volume of a large walnut, in a young girl who had presented twice over signs of appendicitis. In operating, he found to his great surprise that the appendix was absolutely healthy, but there existed in front of the cecum two large ganglions, one of which appeared to have suppurated. The histological examination confirmed

the healthy condition of the appendix; as to the ganglions, they presented a caseous aspect, but the proof of their tuberculous nature was not made. Another patient, aged twenty-eight, suffered for five or six years from repeated pain in the iliac fossa. The speaker operated thinking to find an appendicitis; in this case also the organ was in the normal condition, but, on the other hand, a ganglion of the size of a walnut was found adherent to the anterior face of the cecum.

M. Quénu said that he thought that under the name of para-appendicitis could be designed quite a group of inflammatory processes developed around the terminal portion of the ileum and the cecum, and comprising the ganglions spoken of by his colleague; of this he had observed several examples. In a patient of seventeen, to whom he had been called a few weeks before for a sudden pain in the right iliac fossa, and signs of grave peritonitis appeared following an attack of ordinary grippe. He pronounced the case to be one of appendicitis, and operated the same evening. The appendix was found to be only very slightly congested, but the surface of the cecum was covered with pseudo-membranous exudations in which were found streptococci and colibacilli.—*Paris Cor. Med. Press and Circular*.

Chicago Public Schools.

In the city of Chicago there are 119 public schools, or branches of public schools, conducted in rented rooms. At many of these locations there are from two to six rooms. Nearly all of these rented schools are stores. One is a barn; a few are flats or cottages. In them are taught approximately 5,000 children who cannot be accommodated in half-day sessions in the public school buildings in the districts in which they live. Besides these, there are nearly 15,000 who are at present only able to obtain a seat in school half of each day. In several of the rented buildings there is a great deficiency of ventilation and light; insomuch, that in one of them—not considered the worst—according to the testimony of a teacher, the effect of

bad light is so terrible on the eye-sight of the children that a great number of them acquire defects and diseases of the eyes.—*Med. Review*.

Methylene Blue.

Methylene blue is one of the agents consigned to oblivion by Eulenburg in his masterly essay on sciatica and its therapy, but no doubt many practitioners disagree with him in this condemnation. Klemperer (*Die Therap. d. Gegenw.*, i, No. 11) enters a good natured but vigorous protest against such summary disposition of a remedy that has done him good service. Ehrlich's discovery of the fact that methylene blue when introduced into the living body has the property of entering into direct combination with the nerve elements has been of the greatest importance in cytology and neurology, and though this remarkable selective action does not necessarily indicate therapeutic efficacy, still the experiences of the past have shown that there is much to be hoped from further experimentation. The author presents notes on twenty-seven cases of typical sciatica in which methylene blue was employed. In eight of these no effect was produced; in six cases it gave most remarkable results, the disease being definitely cured in from ten to fifteen days. In spite of the medication thirteen cases lasted for from seven to ten weeks, but the intensity of the trouble was greatly diminished, the pain lessened, and the patients were enabled to spend at least a part of each night in comfortable sleep. From three to six capsules, each containing 15 grains of the drug, were administered daily. In a few instances slight gastric disturbances were caused, which did not interfere with the prosecution of the treatment. More serious was the painful urination the drug sometimes caused, but this was promptly relieved by an equal amount of powdered nutmeg given with each dose. In the author's estimation the results to be achieved by the use of this agent, though far from infallible, are still sufficiently encouraging to warrant its trial in every case that resists the ordinary methods of

treatment, and the gratification attendant on a single case in which it manifests its occasional but remarkably curative effect will more than compensate for numerous failures.—*Merck's Archives.*

No Moral Sense.

There is no man so dangerous to the community in which he lives as the one whose moral sense is undeveloped. Such a man can not understand, or respond to, arguments which have any basis higher than the gratification of animal appetite, or involve personal considerations of ease, comfort and advantage. Moral suasion has no other effect than to arouse impatience, contempt or brutality. Men lacking in moral sense have within themselves no faculty by which to estimate, or measure, the sentiments and feelings which lead others to place duty before pleasure. A man must be able to suffer, as well as to enjoy, before the moral sensibilities quicken. His imagination must be developed before its divine qualities of sympathy, compassion, tenderness, mercy manifest themselves.

As the doctor's ministry includes advice and consolation, as well as the use of drug remedies, he will often come across the blunders and cruelties of the man who is morally undeveloped. Unfortunately, people seldom recognize this man when they meet him. They take him at his apparent value, get tangled up with him in some of the relations of life, and suffer accordingly. For the man who lives on a purely animal plane, and thinks of nothing but the baser self, leaves a wide trail of crushed and bleeding hearts which put faith in the humanity of a statue.

The man who has moral perceptions, who sees the right and longs to follow it, but whose feeble will makes him unstable as water, has the sympathies of all, for he suffers intensely. Such a man knows both heaven and hell, for these terms but designate a state of consciousness, they do not describe places. The soul is self-emancipated or self-damned, here or hereafter.

The man who aspires, but continually errs through weakness, can be helped

by placing him under proper influences and developing the germ of his will. But the morally undeveloped man can not be changed in a single generation. Such a man belongs to the rear guard in the evolution of human beings, and can not be promoted by argument. His soul is deaf, and blind, and lame.

The man whose moral consciousness is unawakened makes a very poor doctor. He may possess mechanical talent which will make him a skillful operator, but intuition and the instinct of responsibility are essential to make a good physician. Talent is at the mercy of the unscrupulous man, and will be prostituted to accomplish selfish personal ends.

When we learn to divine those in whom the moral nature is undeveloped, whose souls are in thrall to the body, bound, hand and foot, by animal appetites, benighted, ignorant, unconscious of the finer feelings, pleasures, needs and duties of life, we shall cease to experience needless suffering. We shall expect nothing more of them than they can give, and will take care to keep them in a sphere of life where the conditions of brute existence will not endanger more precious things.—*Med. Brief.*

Chronic Dyspepsia Successfully Treated with H₂O₂.

The case herewith subjoined is one of interest on account of its typical character, its long standing, and its speedy recovery on the adoption of a rational treatment.

Peter H., aged forty, Hungarian, farm laborer, applied for treatment at my office on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his countenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character.

Soon after landing he recovered sufficiently to attend to his work; but he says he has "never been the same man since." In all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food with its resultant fermentation. The patient states that in order to get relief he has spent all of his wages upon various doctors, specialists, quacks, nostrums, etc.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling sticky mucus. That the stomach received, in the process of starch digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on the mode of treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. In other words, in order to relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of ozonized water, made of one part hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of one ounce of hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take, immediately after meals, a drachm of glycozone, diluted in a wineglassful of

water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to eat with care and regularity.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen.) The treatment was continued in this manner for another month and then gradually abandoned. On September 1, the patient came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds and believed himself to be completely cured.—GEO. A. GILBERT, M.D., Danbury, Conn., in *New England Med. Monthly*, Dec., 1899.

GONORRHEA IN THE FEMALE.—In an interesting article on this subject, Dr. A. Ravogli (*Medical News*, November 18, 1899), remarks that, so far, he has found protargol to be the best antigonorrheal remedy. Since the time he has introduced it into his clinic many patients have been spared a curettement of the uterus. Protargol has been used in from 1 to 3 per cent. solutions as a urethral injection in cases of urethritis, as an injection into the ducts of the Bartholinian glands when affected, and especially in endocervicitis and endometritis. For the purpose of making intrauterine injections he makes use of a Talley or Haynes douche tube, which is introduced very gently into the cavity, care being taken to fill the tube with the fluid before introduction. The instrument being in place, the fluid is pushed out of the syringe very slowly, drop by drop, the catheter being left in for a short time, so as to give the fluid a chance to flow back. After its removal a tampon is introduced to maintain the fluid in contact with the cervix. This treatment has been very gratifying in the author's hands, and five to ten applications have been sufficient to bring the uterus to its normal condition. Protargol in the beginning increases the discharge, which gradually diminishes, and is reduced to a thin crystalline mucus. As soon as the gonococci have disappeared from the secretion the instillations of protargol are discontinued, and the woman is directed to use douches of a mild solution of permanganate of potassium or bichlorate of sodium.

*Society Proceedings.***THE CINCINNATI OBSTETRICAL SOCIETY.***Meeting of February 8, 1900.*THE PRESIDENT, C. A. L. REED, M.D.,
IN THE CHAIR.

MAGNUS A. TATE, M.D., SECRETARY.

Presentation of Instrument.

DR. H. F. GAU: Through the kind invitation of our newly-elected president, I would like to present my new safety curette to your society. The curette is intended for use in those enlarged, softened or infected uteri in which you are very apt, with the usual curette, to cause a perforation. The modified curette, which I have named the safety curette, has an anterior and a posterior cutting surface, with a central perforation varying from three-eighths of an inch anteriorly to one-half an inch posteriorly. The anterior edge, the cutting surface, is intended for the curetting of the anterior, posterior and lateral sides of the enlarged uterus, whereas the posterior edge is better for the fundus and the upper angles. The anterior edge has a diameter of about three-eighths of an inch, and one-eighth of an inch in thickness, which allows a depth of curetting. This is protected above by a thick and more or less round surface, which prevents the curette cutting in deeper. The posterior edge is also protected above by a one-fourth inch flattened surface.

DISCUSSION.

DR. T. A. REAMY: The doctor will find cuts in some of the text-books on gynecology of a gouge curette much larger than this, but exactly the same shape, and open at the top. It was intended for curettage in cancer.

DR. R. B. HALL: I think there is a modification of the instrument spoken of by the last speaker. I am quite certain there is, for I have one in my kit, and it is sharp on both edges. I use it in such cases as the doctor mentioned, in cancer when you want to cut away a large quantity of tissue and do it rapidly. It is good steel, sharp as can be, and excellent for that purpose.

I do not think any curette is devoid of danger. This instrument may be safer than some curettes, and probably is, but take any uterus that is softened and enlarged, one could, without using much force, put an instrument like this through the uterine wall. But it would be less likely to occur with this instrument than with some instruments. I think the instrument is a good one, but I do not like the gentleman to claim it as a perfectly safe one.

DR. REAMY: The instrument to which the gentleman refers was not originally made very sharp by Mr. Autenreith, although the New York instrument-maker has made it sharp.

DR. C. D. PALMER: This instrument doubtless is a good one, and will accomplish a thorough curettage of the uterine cavity. But I do not think there is any better instrument than a curette that is sharp, especially like the Seamans spoon, so that you can push it up in contact with the uterine wall, and thus certainly undergo the least risk of perforating the wall. But even then you will once in a while perforate it. To the best of my recollection I have perforated the uterine wall three times, and I am not perfectly sure that it was perforated in these instances, but either the uterine wall was perfected or the curette went through a dilated Fallopian tube. I watched two of those cases very carefully, but I could not detect a single unpleasant symptom. In one case I know it went up pretty well into the abdominal cavity (if it perforated the uterus, as it probably did), because the whole instrument went in up to the handle. But I did not even then notice any unpleasant symptoms. So if we do perforate the uterine wall we may not have unpleasant results.

DR. C. L. BONIFIELD: I believe very often when the uterine wall is perforated it is not done by the curette, but, in tearing up adhesions we often tear a hole in lifting the uterus up, or with the strong dilators we use to-day the perforation of the uterus may be accomplished. I say this from the fact that a number of times the sound, when introduced, immediately goes through

uterine wall, before the curette is used at all, and when the sound is not used with any force. One can curette a hole in the uterus, of course, in cancer, or after an abortion, although the danger is not so great after abortion as one would imagine, for the uterus not only is softened, but it is thickened. So I believe we must avoid perforating the uterus by being careful in the dilatation of the cervix and breaking up the adhesions.

DR. A. W. JOHNSTONE: I have never perforated the uterus in my life. The curette I have always used has been a plain bone gouge, such as the ordinary orthopedic surgeon uses. You can get them in any size you want. When the uterus is very soft I usually use the finger-nail, so as to have the pulp of the finger as a guide. The main thing is to educate the muscular sense so as to know how to cut. But I think the long handle on this instrument is a disadvantage, for with such a long handle you are more likely to drive it through the uterine wall. The uterus, some may say, is a four or five-inch canal, but in these days of surgery it is not necessary, as a rule, to curette these four- or five-inch canals, for there is usually some fibroid or something up there for which the uterus should be taken out. I have heard a great many sorts of perforation stories, but I have never heard of a death from perforation.

DR. GILES S. MITCHELL: I was astonished to hear how often the uterine wall is perforated. I have not done as much curettage as some here, but I have had a fair experience, and I am quite sure I have never perforated the uterine wall. I use no special kind or size of curette; I have various sizes and all the different kinds in my armamentarium. But I am very careful and do not use much force when I make a curettage. I can usually tell when I come in contact with healthy uterine tissue. I believe, like a previous speaker, that often mischief is done by breaking up adhesions. But I do not think it is best for the patient, as a practice, to invent an instrument that is claimed to be absolutely safe.

DR. BONIFIELD: I wish to object to curetting the uterus with the finger-nail. Dr. Howard Kelly, who is one of our best surgeons, objects to curetting with the finger-nail because of the absolute inability of anybody to disinfect the finger-nail, and he also found he could not safely enucleate fibroids with the finger-nail.

DR. REAMY: I would only say, on the question of curetting with the finger-nail, that I suppose I have got to go hence without finding out that secret. If I have had any success it has been in operating from below, by the vaginal route, delivering tumors by that route, and I have often heard of the uterus being cleaned out with the finger, but I have never had the skill, without introducing my hand into the vagina, of carrying the finger to the fundus of the uterus, even in abortion at the third month, without an enormous amount of dilatation and manipulation, that would make it much more dangerous for a woman than to use instruments.

As to perforating the uterine wall, I have carried the sound oftener, but I have frequently carried the curette through the uterine wall. I only want to make the old statement here that it is not so much the instrument you use as the delicate touch you have communicated to the fingers that tells you how sharply and how much you are cutting. It is the impression you make and how much you scrape over the same field. I agree with what Dr. Hall said; the curette is capable of causing danger, and the operation should not be done except under the most perfect aseptic conditions, and only when the woman can stay in bed for a number of days afterward. I think when the curette or sound has perforated the wall there must have been changes in the uterine wall, and usually not associated with active inflammatory conditions. I think Dr. Wenning saw me the first time I passed a sound through the uterine wall. I was frightened; it was many years ago. It went up to the hilt, and we could feel it up to the umbilicus. We kept the patient still and had a wet compress

on for several days, and no unpleasant symptoms arose. I curetted her several months afterward, and she some time since gave birth to a healthy child. In no case in my practice in which the sound or curette has gone through the uterine wall have I been at the time using undue force.

DR. JOHNSTONE: The last description of the soft uterine wall shows perfectly well that these men do not mean what they say here about using the curette. No uterine wall is so soft as that unless there are many more germs in it already than could get under any decent man's finger-nail. When you go to curette a uterus with the finger-nail it is already very soft, or a cancerous uterus with a lot of papillomata sticking out into it.

DR. GAU: I am thankful to the members of the society. As Dr. Reed says, the instrument is not intended for the skillful. It is the few that are skillful. It is the difficulty of becoming skillful that impressed me with the importance of the device. I am very much obliged to the members of the society for the remarks.

CALCIUM sulphide has been lauded as a cure for phthisis.—*Med. Summary.*

AMMONIUM iodide, regardless of the nosology, is the remedy for dizziness, or dizzy headache.—*Med. Summary.*

BROMIDIA IN THE TREATMENT OF EPILEPSY.—The *New Albany Med. Journal* for November, 1898, contains an article on "Epilepsy Treated by the Use of Bromidia," by T. Edward Converse, M.D., of Louisville, Ky., which, after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to "the question often raised: How long will the patient have to keep up the treatment?" If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral hydrate in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack and repeated in an hour will abort the next attack; but, as a rule, one teaspoonful will be sufficient.—*Sanitarium*, April, 1899.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Study of the Psychology of Feminine Criminality—Women Rarely Criminals Except for Love—Another Bacteriologist Poisons his Family and the Community by Plague Experiments.

A note is lately published in a Paris journal relative to the decrease of crime from 1894 to 1900. This note shows that the crime against persons exposed to too many dangers for an eventual profit has diminished, while the crime against property has largely increased.

From the same documentary evidence we learn that of 3,453 persons pursued by justice in Paris, only 480 were women. So woman is *six times less criminal than man*. If this moral superiority of woman is admitted, to what cause must we attribute it? "Her first education and her sedentary habits," a magistrate of the law replies, and this lawyer claims to have studied women closely. This explanation is simple, but is not satisfactory. There are other reasons that appear much more serious, so allow us, as such statistics furnish an occasion, to glance at them rapidly. "Woman," says another wise man, "is an agreeable subject to understand, but it is necessary to know her limitations."

Many men are, by nature, violent and rebellious to every moral law, poor subjects for any social forms devised for them; they seem to hold themselves aloof from every code of civilization. These men are, for the most part, descendants of people who in ancient times dwelt on the borders of great rivers, or in deep forests, whose remote ancestors were robbers living on pillage and rapine. We call them criminals now; at an earlier epoch they pushed forth all their energies as despoilers, and were known then as heroes. Ajax in 1900 would be locked up two or three times a year for assault and drunkenness on the public highway, while Ulysses, the rascal and swindler,

would be a very common inmate of a house of correction.

Woman, of docile humor and elastic spirit, adapts herself better to the social environments than does man. She is modest by nature, and can control herself, at least in appearance, in a respectable manner. Woman has to the highest degree the sentiment of family, social forms, the cultivation of the proprieties of this life. Woman is too practical not to profit by everything, and being always optimistic, she easily accommodates herself, because she knows how to draw the most advantages from the least advantageous surroundings. Woman is always patient; she waits. She can manœuvre; and while man, more violent, defies the law, she is content with improving given opportunities. Woman is, besides, safe on the point of imperious desires and over-ardent ambitions, as a rule. Her sweetness, while apparently weakness, and the caprices of her imagination are really elements of strength and console her even in moments of hard reality. She accustoms herself to all; she is resigned, provided that she loves and is beloved in return.

Tender and passionate, sensual or sentimental, woman is the daughter of love. It is by love that she pays her tribute to human weakness, and her every pleasure arises from love. At times the real motive is difficult to find, yet it is always one found in love. Here is a single example among thousands. In 1889 several farm-houses were burned in the Rhine country. So that the law should be vindicated, as chiefs of police ever do, a number of innocent persons were duly arrested, one of whom died in prison. At the very moment of despair at the non-arrest of the real culprits, a chance discovered all. Two young servant girls, one fifteen, the other sixteen, had acted as incendiaries for mere sexual reasons.

All woman's strength, all her tenderness, all her devotion, is her desire to please and be loved. For a man she loves no sacrifice costs a woman too much. No vengeance is too cruel for her when she is betrayed or scorned. When she commits any crime in the

stealing line it is done for some lover utterly unworthy of such devotion. When she kills a man it is to deprive some rival of the brutal joys of abandon. An ulcerated heart guides her cruel hand. Thus, in the majority of cases, when we study feminine criminality we see that it is only provoked by love. Every time a woman is accused of a crime, from whatever cause, and this crime is not clearly defined, it is love to which it is necessary to attribute it.

* * *

How many American bacteriologists have imported the matter from plague buboes for the cultivation of the so-called germs? The experience of Vienna and its bacteriological laboratory only a few months since was warning enough, one would think, not to import and handle plague, any more than malignant pustule. Pestanza, at Oporto, inoculated himself with the preventive serum and died. Now we have Kastanecki, an attaché of the bacteriological bureau at Cracovia, dying of some disease that was manifestly infectious. The family of the deceased were wisely transferred to an isolation hospital, and the bacteriological laboratory *closed up* by order of the government. Such laboratories have now become more a menace to the public health than the epidemic diseases they claim to investigate.

The *Nouvelle Presse libre* pretends that Kastanecki was the victim of typhoid fever. His sputa was examined first at Cracovia, afterwards at Vienna. None of the so-called bacilli of plague were discovered, but, as a measure of precaution, some of the alleged anti-plague serum has been sent from the Bacteriological Institute of Vienna to Cracovia; it is to be hoped that the Austrian bacteriologists will only use it on their own precious bodies. The autopsy on Kastanecki recognized that he died of an acute infectious malady that even German science is uncertain about.

A man who will import the poison of plague into a place that is not infected should be promptly hanged; he is far worse than any ordinary mur-

derer when, in order to gratify a mere idle personal curiosity, he exposes the lives of all his fellow-citizens to a most malignant disease. Yet no doubt the prevention of the introduction of such poisons by law would be declared an outrage against medical science, and the bacteriologists in particular. True medicine washes its hands of such crimes committed in its name.

Cacodylic Acid in Skin Diseases.

Dr. Herman Gijsselman, Batavia, Java (*Wiener klin. Wochenschrift*, No. 14, 1899), reports seventeen dermatological cases treated with subcutaneous injections of sodium cacodylicum, or dimethyl arsenate of soda. Twelve were cases of psoriasis vulgaris, three lichen ruber planus, and one each prurigo and sarcoma cutis. The injections were intramuscular, and were administered for the most part into the buttocks; in the case of lichen ruber and in some of the cases of psoriasis, where the eruption was of a more or less universal character, the injections were made alternately in the buttocks and arms, with apparently better effect. Injections were made daily, one gramme in amount, and varying in strength from 1.5 to 8.0 to 10.0, after the formula of Danlos. A local reaction was absent in most cases, and very slight only in a few; constitutional symptoms from arsenical intoxication occurred only in one case, a boy of thirteen, and subsided promptly when the dose was reduced one-half. In the case of lichen ruber large doses were administered, two grammes of a solution of 8.0 to 10.0, without the slightest disturbance.

He reports his results as very gratifying in character, but not very dissimilar from results obtained from other preparations of arsenic. In lichen ruber it induced a very prompt subsidence of the distressing pruritus, and ultimately an involution and resorption of the infiltration. The results in most of the cases of psoriasis were very prompt and effectual; one case, however, failed utterly to show any response. He finds recent and acute cases of psoriasis respond much better than old chronic in-

veterate forms, and takes exception to the views of Duhring, Crocker, Jamieson and others, who state that "arsenic should never be prescribed when the disease is actively spreading, nor when the patches are hot and irritable." In old chronic inveterate cases it must be combined with local treatment.

M. L. H.

Lupus Erythematosus—Its Relation to Tuberculosis.

Dr. Friedr. Roth, Mainz, Germany (*Archives f. Dermatol. u. Syphilis*, January, 1900), has attempted to solve the question whether or not lupus erythematosus is tubercular in origin by a careful study and review of all the leading cases in the German, French, English and Italian literatures. The French school, for the most part (Besnier, Hallopeau, Brocq, DuCastel, Danlos, Feulard, *et al.*), are disposed to regard the disease of tubercular origin. Those who oppose this view are, notably, Bulkley, Crocker, Duhring, Kaposi, Lesser, Neisser, Pick, *et al.* Roth is strongly disposed to regard it of tubercular nature, and he has drawn his conclusions from investigations relative to the following six points:

1. The disease occurs, for the most part, if not altogether, in tubercular or scrofulous individuals.
2. The affected individuals frequently contract or die from tuberculosis.
3. The clinical appearance has a strong resemblance to lupus vulgaris, which is of positive tubercular nature.
4. There are transitional forms between these two diseases.
5. The disease can react on tuberculin.
6. Pathological investigations have often demonstrated tubercular changes.

M. L. H.

IN the treatment of boils coming in crops colchicum is recommended in doses of from one-third to one-half of a grain each day.—*Med. Summary.*

GUAIACOL in vaseline or lanoline is advised as an excellent application in the treatment of orchitis.—*Med. Summary.*

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WHOLE VOLUME LXXXIII.

Original Articles.

TUBERCULOSIS: THE DAWNING.

BY H. H. SPIERS, M.D.,
RAVENNA, O.

Within memory of the present writer a health officer declared one dying of consumption should not be carried in a public conveyance unless the casket be hermetically sealed. Reason: The danger from germs is so great the public demands precaution and protection.

Germs, in some localities, are yet considered dangerous—dangerous in that their true action or condition of growth is not clearly understood. We must live and learn.

Thanks to an enlightened public sentiment, the above order is obsolete. Other orders will be obsolete ere long. The light is gently breaking, and soon we will behold the sun in his effulgence. The writer thinks he will bring healing in his wings. Give us the light!

For the past two decades we, as a people, have been harassed by the announcement that milk and its products—cheese and butter—are full of tubercle bacilli. We have also, during the same period, been studiously taught that as tubercle bacilli cause tuberculosis, these products are dangerous and should be inspected. A government inspector, as in Germany, has been urged. They say the people should be taxed and microscopists should pass sentence on all milk products placed upon the market. In this way tuberculosis could be controlled. In the meantime, until such inspection, we are advised to avoid cheese, boil butter and sterilize the milk, some even going so far as to counsel the eating of butter while hot through an aseptic tube.

The writer, in his weak way, at various times has denounced these statements as fallacious. In the first place, he argues that tubercle bacilli do not primarily cause tuberculosis. Tuberculosis is a constitutional disease, is based on law, and the bacilli enter secondarily. *The constitutional disease allows the natural entrance and growth of the germ.* On this topic the author challenges controversy.

If tuberculosis be a constitutional disease, the disease preceding the germ's growth, milk is a diseased product *before the entrance of the growing germ*; therefore, killing the germ by sterilization would not fender it a perfect milk. This was shown by the writer in 1894 (*vide* Transactions Ohio State Medical Society). The same may also be seen in the author's brochure, "Tuberculosis or Consumption," second edition, page 35.

If the milk be imperfect, milk products are also imperfect, and *no microscopist could detect this imperfection by the presence or absence of tubercle bacilli in said product.* Microscopical inspection is therefore a useless expense. We pay taxes enough in this direction already.

As stated, the writer has attempted to clear the way for microscopical entities. The replies have not been numerous; in truth, as a rule writers have stood aloof. Is there a reason why? From the hills of New Hampshire we receive the following:

"DANGER FROM MILK OVERESTIMATED.

"Experiments as well as observations made in the last few years lead us to believe that tuberculosis is much less often communicated to man through milk than was formerly supposed."—*New Hampshire Sanitary Bulletin*, January, 1900.

A closer observation, we feel assured,

will lead to the conclusion that tuberculosis is not conveyed in this way at all, only under certain conditions. These will be spoken of later on.

But who are making these experiments and observations, and what is their intrinsic worth? The professors of the United States agricultural experimental stations are largely doing the work. The reports are of value according to the ability, honesty and common sense of the ones making them. Honesty we naturally expect. Some men are down-right liars. Common sense and ability, like twin sisters, walk hand in hand. Sometimes they are found alone, but only for short periods of time. They soon come together. They think so much of each other that they are close companions; nothing can separate. So far as we can ascertain, these men, for the major part, are germ theorists.

For convenience, we divide them into theorists of the first and second waters. Theorists of the first water believe the germ *per se* is all in all. Prof. Robt. Koch and his congeners belong to this class. Men of this stamp believe germs are veritable Napoleons, carrying devastation, disease and death. Theorists of the second water believe there are germs and germicides; also a few other things worthy of notice. Dr. Russell, of Glasgow, Scotland, and Prof. Russell, of the Wisconsin station, are men of this class. They believe germs have a mission, but it is inferior to the mission of the beings they infest. In other words, *men are superior to microbes*.

It is a common impression that first-water men are graduates of German schools, while second-water men have not crossed the North Atlantic. This is a mistake. Many first-water men are found who never crossed their State line, while some second-water men have visited many cities of Europe, and *vice versa*. Where one has traveled is of little worth. *What does he know?* This is what the world is asking. This it will ultimately find. One may deceive himself forever. He can deceive the vast intelligence of mankind but for a short time. Deception is short lived.

From the Storrs Agricultural Experiment Station of Connecticut, eleventh

annual report, we find experiments were made by feeding eight calves with milk from tuberculous cows, and that without infecting the former. These calves were fed for periods varying from three months to sixteen months without developing the disease. The report is closed in brief, from which we extract the following sensible words: "We know comparatively little regarding the conditions which favor the spread and development of tuberculosis among animals or man." Evidently, the above was penned by a germ theorist of the second water. The second-water theorist knows but little in his own estimation; the first-water theorist knows it all. When one rises to the admission he knows but little, he is in position to take the first step to obtain more; when one knows it all there is no incentive. He is practically dead and only needs burial.

That little is known, as yet, regarding the conditions which favor the spread and development of tuberculosis among animals, may be seen by consulting Bulletin 108, June, 1899, issued by the experiment station located at Wooster, O. Ohio as a State is in many regards a leading one. The presumption is our men at Wooster are as competent as others. Why not?

"The herd of cattle at this station was established in 1894 by the purchase of a bull and two or three cows, each of the Jersey, Guernsey, etc. . . . At the time these purchases were made the idea was prevalent that the tuberculin test might be injurious to the health of the animal. . . . For this reason the test was not insisted upon, etc., etc. On the station farm they were, of course, given good care, etc. All the increase was retained, and by the spring of 1897 there were about eighty animals in the herd, all apparently in perfect health except two—a short-horn cow and a Jersey bull, which had begun to show evidences of disease; the cow by rapid loss of flesh and the bull by the growth in the throat of a visible lump, which caused difficulty in breathing. At the beginning of June both these animals were killed, after having been subjected to the tuberculin test. The cow was found to be in the last stages of generalized tuberculosis, and the lump in the bull's throat was found to be due to the same disease. A supply of tuberculin was then procured, and in December and January further tests were made, and on June 8, 1898, fifteen cattle were slaughtered."—"An Outbreak of Bovine Tuberculosis at this Station," p. 395.

Then follow temperature before and after these injections, and the result as found after death—a very interesting report.

These gentlemen should be congratulated. But the writer is not satisfied, in that the report is incomplete. It is incomplete in that the same number of animals were not chosen by the tuberculin test and placed under similar conditions. We would then have two lists of animals, one chosen by general appearance or inspection and one by the tuberculin test. Should the first lot develop tuberculosis we could say, as in this case, it is lack of the tuberculin test in selection. Should the second, after the test, develop tuberculosis, what could we say? *Either the test is inefficient or there is other cause of tuberculosis.* Which would it be? The writer asserts that after the tuberculin test tuberculosis will develop, though more slowly. Why?

In an article (LANCET-CLINIC, November 20, 1897) the writer held these conclusions:

(a) Tuberculin determines the presence of growing bacilli.

(b) Tuberculin has no value in diagnosis.

(c) Tuberculin has no certain value in differentiation of first stage.

(d) Tuberculin is sometimes dangerous.

The writer holds these conclusions tenable. But our method of experimentation would be along a different line. We claim the precedent state is the first stage of the disease tuberculosis; that this state is caused by suspension of atmospheric influence and is based on law; that suspension takes place from within and from without. Our questions for answer would be as follows:

1. Does suspension of atmospheric influence cause a condition of system that allows the tubercle bacilli a natural entrance and growth? Take a healthy animal and subject it to this test. Answer, yes or no.

2. Is there more than one method of suspension? Experiment on an animal. Answer, yes or no.

3. Is there an anatomical difference

in the lung tissue of health and of heredity or of acquired influence? Subject the lung tissue of each to rigid microscopical examination or other scientific test. Answer, yes or no.

4. Is there a test, chemical, microscopical or otherwise, which will determine the difference in the blood of health and that of suspension of atmospheric influence? Has science a delicate test? Apply this test to the living animal. Answer, yes or no.

When these experiments have been made and correctly answered the law of tuberculosis will read as follows: The death-rate from tuberculosis is in direct ratio to abeyance of atmospheric influence.

Magnetism of the Earth.

Dr. Henry A. Rowland, Professor of Physics, Johns Hopkins University, claims to have made a discovery which, if true, will be of the greatest importance to the scientific world. The discovery gives an explanation of the cause of the magnetism of the earth. Professor Rowland shows by experiment that magnetism is developed in a rapidly revolving body and is convinced that the principle holds good for the earth and other heavenly bodies as they revolve through space. The experiments are only in their infancy, but have proved so satisfactory that they will be continued.—*Med. Times.*

I THINK the prognosis of radical removal of cancer of the alimentary canal is the best of any part of the body. The rectum, in my experience, if the case is seen early enough, is certainly the best part of the body from which to remove a cancer, so far as permanent results are concerned. The same thing will apply to cancer of the sigmoid flexure.—A. M. CARTLEDGE.

VERATRUM viride is indicated where there is a full and bounding, or hard pulse, whatever the condition. Many cases of convulsions, especially those of the puerperium, will present this indication.—*Med. Summary.*

AN OUTLOOK FOR THE MEDICAL PROFESSION.*

BY JULIA W. CARPENTER, M.D.,
CINCINNATI.

The following paper was suggested by statements read in the various medical journals during the last year or two—statements that, with the majority, incomes were growing less, many finding it impossible to make the necessary living.

What mean the many voices loud,
Heard through journals far and wide,
That great success in medicine,
Is now at even tide?

That reputations can be won
In medicine's vast domains,
But Fortune now withholds her hand,
And causes sad refrains;

That thousands twenty change to ten,
And ten are brought to five,
Four turn to two and two to one,
And can no more revive.

Demands for service are far less,
Though knowledge grows apace
With rapid strides, as if, 'twould seem,
All sickness to efface.

'Tis true the ranks o'ercrowded are,
'Tis so in every field.
Room at the top's the only place
Where pressure's forced to yield.

But other forces new appear
Upon life's varying stage,
The tides have changed their ebb and flow,
This is transition's age.

If "tempora mutantur nos
Mutamur" is the rule,
How can the realm of medicine
Escape in Nature's school?

Mankind a triple nature has,
With forces deep entwined,
'Tis body, mind and spirit, three,
Distinct, but still combined.

The mind a wondrous power wields
O'er bodies weak and strong.
To whom these laws can penetrate,
Great powers do belong.

A death from fright has happened oft
If what's recorded's true,
News bad and good, to well and sick,
Has killed and made anew.

The science mental, of all kinds,
These forces claims to wield.

Their votaries many testify
They've won a goodly field.

Though surgery they can't pursue,
Nor triumph over germs,
An ever widening realm they gain,
This their success affirms.

The rich and great are gathered in,
And cultured not a few.
To others' scorn they give no heed,
But pledge allegiance true.

Their churches fine they rear aloft,
And dedicate their all,
And prove their great sincerity
With each and every call.

'Tis hope and trust that are evoked,
And hopes in triumph rise.
These virtues fair are strong and pure,
'Tis there its power lies.

It is no fad, it will not wane,
But steady onward move,
A force, though it be changed in name,
Its steadfast hold will prove.

Of other "pathies" there's no end,
Of things both false and true;
Of culture physical one can
Proclaim a hopeful view.

If culture physical evolves
Resistance to all ills,
And hygienic living all
Aseptic rules fulfills;

If pristine strength returns again,
And nobler forms appear,
'Tis to our noble calling
The triumphal arch they'll rear.

Who Nature's deep recesses searched,
Her secrets brought to light,
And learned wrong forces to overthrow,
However great their might?

'Tis our profession's noble work,
Development to aid,
Environment to harmonize
With incarnations made.

Since evolution can't be fought,
'Tis certain once begun,
Her helpers, crowned with laurels, can
Rejoice the victory's won.

But 'tis well to search your talents, see
What else you'd like to do,
Lest at an unexpected hour,
This current might strike you.

THE surgeon who waits in the case of appendicitis for the appearance of severe symptoms, or, worse yet, waits until the symptoms increase in severity, for an indication to operate, will have many unnecessary deaths to his credit.—J. B. DEAYER.

* Read at the Cincinnati Obstetrical Society, February 8, 1900, at the close of her year as Vice-President.

Society Proceedings.**THE ACADEMY OF MEDICINE OF
CINCINNATI.****OFFICIAL REPORT.***Meeting of January 29, 1900.*THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

Tubercular Syphilide.

DR. B. MERRILL RICKETTS: I have here a patient who has a lesion upon her left forearm which has been in existence for about four months, and which has been progressive in its development until about two weeks ago, when she was put under the influence of mercury. I present the lady here this evening as one of Dr. Spargur's patients. This is rather a rare condition, and has been described by some authors as a horse-shoe lesion. It is certainly novel and unique in its character.

Primary lesion two and one-half years ago. There are a number of cicatrices here and there over the arms as a result of former lesions. This one began as a macule over the insertion of the biceps, and progressed toward the hand. The distal border has a rolled appearance and is elevated.

Specimen of Carcinomatous Uterus.

DR. W. H. WENNING: The specimen which I present to-night is, as you see, a uterus which I removed Saturday morning, January 20, from a patient for cancer. The uterus is enlarged to quite an extent, and it was with some difficulty that I removed it. The operation was performed as follows. I first scraped out all the diseased tissue possible from the cervix. I then stitched it together with strong sutures, which served as a means of controlling the uterus in removing it. The operation was performed by ligating the vessels on both sides and gradually proceeding upward with the operation until the top of the uterus was reached, when it was removed entirely with the tubes and ovaries. The woman is married,

has had twelve children, with a history of irregular menstruation, with hemorrhage for the last six or eight months. Since the operation she has been doing very well. A week ago to-day I removed the packing and there was very little oozing.

This patient was in a very anemic condition at the time of operation, owing to the frequent attacks of hemorrhage previous to the time when first seen by me. For this reason a quart of the normal salt solution was injected under both breasts just before the operation.

**Case of Ectopic Pregnancy in the Broad
Ligament, with Specimen.**

DR. C. A. L. REED: I have here a specimen which I wish to present to the Academy. This case occurred in the practice of Dr. George C. Skinner, of Hamilton, O., by whom I was called to operate in June of last year. The case is that of a young woman, twenty-seven years of age, who had given birth to a child five years previously, and had not been pregnant from that time until the time of which I shall speak. She realized that she was pregnant, and also noticed some extraordinary symptoms. There was a lateral development of what she supposed to be the pregnant uterus. She consulted Dr. Skinner, who made an examination at the time, and instantly made a diagnosis of right ectopic pregnancy. He told her of her condition, and warned her of possible dangers which might arise, which very shortly were realized. She had a seizure of a hemorrhagic character, with all the symptoms of internal hemorrhage, when Dr. Skinner was called. I saw her with this condition in apparent abeyance. I made arrangements to operate quite speedily—indeed, the next day—holding ourselves in readiness to operate much sooner if the indications made it imperative to do so. She had evidently lost a considerable amount of blood, but she was regaining her strength, indicating that the hemorrhage was temporarily in abeyance, and we, but particularly she, were the gainers by the delay. The next day I operated and

found but a very small amount of blood in the peritoneal cavity. I found the conception lying beneath the peritoneum in the folds of the broad ligament, which were widely separated, and the whole site of the conception was really roofed over by the peritoneum, which contained but a single very slight perforation. The sac was readily broken into, when this fetus which I have here was removed, with the attached placenta. The tissues, as might be expected in this state of evolution, were of that consistency that they would not maintain a ligature. A long clamp was therefore applied next to the uterus and the parietal side of the sac left *in situ*. The site of the pregnancy itself was packed with gauze and the patient was left in this condition. With the exception of the natural tediousness of recovery that comes from an operation of this kind, she made an uninterrupted recovery. I saw her last week and she is in very good health.

This is an interesting specimen, and shows how a pregnancy, which was evidently primarily in the tube, of which there had been a primary rupture, by which the conception got out into the folds of the broad ligament, can produce alarming symptoms with but slight secondary rupture into the peritoneal cavity. Very little blood found its way into the peritoneal cavity. This is altogether rather a classical than a unique case of ectopic pregnancy. I think perhaps the majority of them rupture into the peritoneal cavity, and that we have a primary violent rupture into that cavity, but this had evidently developed first in the tube and then ruptured into the folds of the broad ligament, and then into the peritoneal cavity. This conception had evidently been in a state of development up to the time of rupture, as the sac was intact at the time of the operation. The placenta was attached beneath the peritoneum. It is evident that gestation had advanced to about the fourth month. The case is remarkable for having gone so long without producing serious symptoms, as the majority of ruptures take place on or before the tenth week.

DISCUSSION.

DR. E. GUSTAV ZINKE: I have never seen a case of ectopic pregnancy in which the ovum developed to this extent in the broad ligament. Usually, when rupture takes place in tubal gestation between the layers of the broad ligament, the fetus dies, either because the blood-supply is not sufficient or because of extensive hemorrhage from placental site, and, not infrequently, from compression of the blood-coagula thus forming and accumulating in this region.

We sometimes operate through the vagina to remove hemorrhagic accumulations, which may be, and I have no doubt often are, the result of extrauterine fetation. If a microscopic examination were made in all of these cases we would very often find evidences of pregnancy.

I did not rise, however, to make any special remarks in regard to this case, but to make a supplementary report of the

Case of Extra- and Intrauterine Pregnancy

in which I removed the ectopic gestation at the end of the third month, and a partial report about six months ago. The patient recovered promptly from the operation, and did not abort the intrauterine fetus, as was expected.

She ceased to menstruate on the 25th of March; the extrauterine gestation was removed three months later; the intrauterine child was born on the 30th day of December, exactly 280 days, or ten lunar months, after the last day of her menstruation. All the suffering she endured before the operation, as well as the operative interference, did not shorten the term of her pregnancy one hour, nor stint the growth and development of the child, which weighed twelve pounds, and measured twenty-three inches in length.

Specimen of Paper for Taking Impressions of the Foot.

DR. ALBERT H. FREIBERG: I would like to report a modification in a method of diagnosis. It is a recognized fact in orthopedic surgery that the affections of the foot cannot be properly studied from a diagnostic point of view and the

progress of the patient kept track of unless some kind of record is kept—that is, some kind of recorded impressions kept as to the condition of the foot. Now I do not wish to exaggerate the importance of my own method at all, as it is a very simple thing and anyone can do it. The ordinary methods used in the past for taking impressions of the foot are first by placing it on sooted paper. This gives a very accurate impression of the sole of the foot, the patient bearing his weight on the sooted paper at the time the impression is taken. This impression, accurate as it is, is not a permanent one unless varnish is applied over the impression. I would also say that this method necessitates the patient washing his foot after the impression is taken. I can conceive of some cases in which this might be of advantage to the patient. The other method is a little less cumbersome. The patient stands on the ordinary butcher's paper and a tracing is then made with a lead pencil. This, of course, may be kept indefinitely.

The method which I propose is more satisfactory than either of these, and is done as follows. I use the black paper which is commonly known to the trade as black needle-paper. It is the same paper as that in which needles are put up. This paper is spread upon a piece of soft board and fastened there by four drawing tacks, or by any other means that you choose to use, so that the paper will remain perfectly flat. A small quantity of thin shellac solution (which is known as shellac varnish) is now put on the paper. In addition to this, the method requires some ordinary talcum powder, French chalk, or ordinary baby powder as it comes in sprinkling cans. When I am ready to make an impression of this kind I put the patient's foot in a box and the powder is well pressed on to the sole of the foot. The foot is then removed from the box and put on the shellacked black paper, first having brushed off any excessive amount of powder which may be on the sole of the foot. The result is I get an impression which is sufficiently permanent to keep, and which is not easily effaced. If the

paper is first coated and allowed to dry the impression is better.

Specimen of a Two-Weeks-Old Embryo.

DR. JAMES W. ROWE: I have a specimen to present to the Academy of a two-weeks-old gestation. You can see in the specimen the decidua forming a complete cast of the lumen of the uterus, although the alcohol has shrunk it up considerably. You can also detect the chorionic villi upon the ovum. I present this specimen for two reasons: first, because the specimen is so young; and secondly, because the uterine contents have come away *in toto* and not piecemeal, as is usually the case.

Operation for Femoral Hernia.

DR. J. AMBROSE JOHNSTON: Mrs. S., aged fifty-one years. I saw her December 26, 1899, and found a left femoral hernia which had existed for five days. For the previous twenty-four hours she had been vomiting, which finally became stercoraceous. Daily attempts to reduce it having failed, the patient now consented to an operation, which was done at home.

On cutting into the hernial sac a very dark fluid escaped, and a loop of intestine presented itself and was black. The intestine looked so bad that I thought it wise to examine it better, and in order to do so a median incision was made. With two fingers making traction within and manipulating the loop with the other hand, the gut was reduced and brought out of the median incision, where it could be better examined. The black and lusterless appearance seemed to demand excision. The gut was placed in the abdomen while the femoral opening was being repaired, but without improving its color. About four inches of gut was excised and the intestine was closed with a Murphy button. The patient made an uneventful recovery except that the button has not come away yet, though the rectum is explored every few days. The patient is out of bed.

Whether the button has been arrested at some such constricted point as the ileo-cecal valve or not one cannot tell,

It nevertheless makes one apprehensive of obstruction. On account of this danger I feel inclined in the future to suture the gut, which can be done almost as quickly as placing a button, if one has had needles and sutures prepared beforehand.

(Since making this report the button came away, five weeks after the operation.)

Subsequent Report of Operation for Retroperitoneal Cyst.

DR. RUFUS B. HALL: I wish to make a subsequent report on the specimen which I presented to the Academy six weeks ago to-night. It was a fresh specimen, a retroperitoneal cyst, and was presented on the evening of the day of its removal. I promised the Academy at that time to make a subsequent report of the case. That is my excuse for taking up your time this evening.

The patient had a long convalescence and by no means an easy one. It is six weeks ago to-day since the operation. She went home to-day thoroughly convalescent and rapidly regaining her strength and flesh. She had the usual ups and downs, as one would expect from such an operation. The tumor, with its contents, weighed about forty-six pounds. Of course, in the removal of so large a cyst a very extensive raw surface was left. This was drained and there was considerable oozing for several days, compelling us to keep a drainage-tube in its site. Finally, supuration took place, which retarded her convalescence very materially. But, after all, it must be considered in the nature of a triumph in surgery to know that a patient can stand such an extensive operation as she had and recovery take place.

Case of Puerperal Convulsions.

DR. E. GUSTAV ZINKE: This case has many practical points, especially for the general practitioner. It is a case of puerperal convulsions which occurred in the practice of Dr. Walter L. Davis, of Price Hill, two weeks ago to-morrow. He had seen the case for the first time the day before (Monday).

I saw the case with him about 10 A.M. on Tuesday. The doctor, on his first visit, found the lady pregnant about six and a half months; this being her fourth pregnancy. Always delivered by a midwife without trouble or complication. The doctor was at once struck by her appearance. She was edematous from the vertex to the toes. With the catheter he withdrew about one ounce of urine from her bladder, which became almost solid upon boiling. He prescribed a large dose of Epsom salts and infusion of digitalis with acetate of potash and left with the instructions that the patient should not be left alone for a moment, should avoid going up and down stairs, as she might have a convulsion at any moment, and said that he would be back in the morning for further treatment. During the night bowels moved copiously seven or eight times. He was called to see the case early the next morning.

She had the first convulsion about 7 A.M., another an hour later. When I arrived she had just recovered from the third seizure. The urine was again examined and found exactly as before stated.

You all know that some of our best authorities recommend and prefer the fluid extract of veratrum viride in large doses hypodermatically in all of these cases. I had a fresh and sterilized preparation of this drug with me; also a hypodermic syringe especially kept for that purpose. My first suggestion to the doctor was to administer it under the skin in twenty-drop doses.

Dr. Davis is one of our city's best and busiest general practitioners, of thirty-four years' experience, and a large obstetrical practice. He has attended something like seventeen hundred women in confinement. The moment I mentioned veratrum viride he looked at me as though he was in doubt as to whether I was in earnest. He did not utter one word, but his actions spoke volumes. Putting first both hands in his pockets, then dropping his head as though looking for something on the floor, then his eyes wandering to the wall, then to the ceiling, and then again to the floor, his

lower jaw moving all the while as if he had something in his mouth that he could not swallow; taking a few steps up and down the room and occasionally stroking his face with his left hand, he planted himself before me, saying: "I have had excellent results with morphine." My reply was that with the kidneys in the condition in which they were, I would not like to administer this drug in large doses. With such massive evidence of the presence of an acute and serious lesion of the kidneys, prompt and heroic action was necessary.

We then concluded to interrupt pregnancy and deliver the fetus as soon as circumstances would permit. The patient was accordingly rendered as aseptic as possible. About 1 P.M. all was ready. She had another convulsive seizure, four in all, by this time. The temperature had risen to 103°, the pulse to about 150.

If ever I have attempted to dilate an os and encountered difficulties, it certainly was in this case, although at the time I made a digital examination the cervix seemed soft and the os dilatable. Dilatation of the os was begun with Palmer's dilator No. 2. It did not meet with much resistance. The same was experienced with Goodell's dilator. But when I came to introduce my finger, I found it almost impossible to pass it through the internal os. It was accomplished in about twenty-five minutes. Another half-hour was spent in the vain attempt to force two fingers through the os.

By this time the woman had another (fifth) convulsion. It was evident that if the patient's life was to be saved the uterus must be emptied quickly. As the life of the child was extinct, the head was perforated, reduced in size, the placental forceps applied, but delivery could not be effected. Failing in this the placental forceps were carried high up, with a view of obtaining a foot. The left hand was brought down instead. In the second effort I pinched a piece of flesh from the right thigh. In the third I brought down the right foot. There was a sign of relief.

However, there was more trouble ahead. The leg passed the os up to the

hip. Notwithstanding strong traction upon the extremity, the os refused to yield, and before I could realize the fact, I held the torn-off leg in my hand. Somewhat discouraged, disappointed and disgusted, the other leg was sought, found and brought down with the aid of the placental forceps. Failing, after a fair trial, to pull the breech through the os, a blunt-pointed bistoury was introduced between the breech and the anterior and posterior lip of the os, then turned upon its edge and the muscularis at the internal os divided until there was a decided yielding. This little operation at once changed the situation and the child was delivered within a few minutes.

There was a great deal of severe work done in this case, but without serious injury to the patient. The operation lasted nearly two hours. The uterus was irrigated and packed with iodoform gauze; this was left in the cavity for seventy-two hours, after which the whole parturient tract was irrigated at intervals of twenty-four to forty-eight hours. Patient made an uninterrupted and perfect recovery. The kidneys resumed the usual activity within forty-eight hours after the operation; albumin gradually disappeared from it, and was entirely absent at the end of the tenth day.

History of Ovarian Pregnancy.—Report of Case at Eleventh Month; Operation; Death.

DR. B. MERRILL RICKETTS: Of 1,114 cases of ectopic pregnancies, ovarian pregnancies have been reported as follows:

Mauritis.....	1682.	Saviarde.....	1696.
Maurice.....	1698.	Littre.....	1701.
Respinger.....	1755.	De Haller.....	1773.
Guelim.....	1782.	Kleefeld.....	1794.
Forester.....	1798.		

From 1800 to 1891, 51 ectopic pregnancies reported.

If it is as possible for spermatozoa to pass through the fimbria into the ovary as it is for the ovum to pass from the ovary into the fimbria, it is reasonable to argue in favor of ovarian pregnancy. There are but three or four authentic cases of ovarian pregnancy thus far reported. Statistics show that twice

as many ectopic gestations escape through the intestinal canal to any other one way of escape, the abdominal wall being second. It has been stated that the majority of ruptures are into the peritoneal cavity. This is not verified by statistics. The truth of the matter is that but comparatively few enter the peritoneal cavity proper, as the fetus may pass from the location of original conception through the subsequent adhesions, directly into the gut through the abdominal wall, into vagina, bladder or rectum without ever having entered the peritoneal cavity. Ectopic pregnancy is more frequent from twenty-eight to forty years of age. There have been 21 cases reported of ectopic pregnancies in primiparæ and 103 in multiparæ. Denzig, 1662, reports one plural ectopic pregnancy. Bell one in 1756, Vernier one 1785, Rupin one 1860, Walter one 1892. Larson reports ovarian pregnancy in 1894.

Case Report.—Mrs. P., aged twenty-eight, second impregnation.

August 12, 1898, last menstruation and probable time of fructification.

May 15, 1899. Probable time of death.

May 19. Two hundred and eighty days, time for delivery.

June 20. Menstruated for forty-eight hours, proper time to do so if delivered on May 12–20.

July 11, 9 A.M. Removed by abdominal section.

July 14. Patient died from exhaustion (probably streptococcus infection).

The question is a very timely one—how do I know that it was an ovarian pregnancy? Unfortunately, the sac, placenta and child were taken from the floor by a woman and thrown into a vault before I had completed my work. Then I insisted upon an autopsy, and I found the state of affairs as I have described them to you. The left tube was intact. The ovarian artery was the only one to ligate. There was no hemorrhage. The sac was a complete one. The ovary, so far as could be determined, had been consumed and utilized in making the sac. If it had been in the broad ligament the ovary would not have been destroyed in this

way. So far as the observation goes, the gentlemen who held the autopsy and myself all thought that it was an ovarian pregnancy. I have here 1,114 cases of ectopic pregnancy which I have collected, and I find but two or three ovarian cases. I understand that there are other operators in the country who have had cases that are proven to be ovarian—proven beyond a doubt. I am sorry that I cannot present a microscopical specimen here to-night in evidence that it was an ovarian pregnancy.

SPECIAL COURSE IN OPHTHALMOLOGY.—Beginning on Monday, April 16, 1900, a special course in ophthalmology will be given to medical practitioners by Dr. James Moores Ball, of St. Louis, assisted by a corps of competent instructors. The duration of the course will be six weeks. It will comprise didactic lectures, recitations, clinics, and practical work in the use of the ophthalmoscope, astigmometer, electro-magnet, and other instruments. For further information address 3509 Franklin Avenue, St. Louis.

THE "COMING AGE" FOR MARCH.—There are several notable papers which will appeal to thoughtful people in *The Coming Age* for March. The following call for special mention: "Some Psychological Aspects of Experimental Science," by Professor Lyman C. Newell, Ph.D.; "The Relation of Religious Classes to Social Regeneration," by the Rev. Gustavus Tuckerman; "Victor Hugo's Great Poem on God, or the Search of the Soul for the Infinite," by Kenneth Guthrie, A.M., Ph.D.; "Applied Psychology, or Hypno-Suggestive Therapeutics," by Henrik G. Petersen, M.D.; "Race and Religion in Swiss Referendum Voting," by Eltweed Pomeroy; "The Employments of the World to Come," a social study by the Rev. Charles R. Brown; "Professor James Mason Hoppin," a study by William Ordway Partridge; "Some Little Known Facts in the Life of Charlotta Cushman," by Rev. J. Henry Wiggin. There are several other papers of general interest in this number, and the regular departments are well sustained.

I HAVE prescribed Peacock's Bromides and found it to be one of the finest and most reliable remedies ever produced. Used it in my practice and found it very beneficial in cases of "cerebro-spinal meningitis" of the most severest attacks. It does not only help in restoring the brain functions but helps greatly in reducing fever. Will also state that Peacock's Bromides can be used in cases where "nervous attacks" are to be feared. I will close by stating that I will still continue its use wherever it be indicated.—ROBT. E. McDONOUGH, M.D., Louisville, Ky.

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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317 W. Seventh St., Cincinnati, O.

CINCINNATI, MARCH 17, 1900.

Editorial.

MATTERS OF INTEREST, HYGIENIC AND EDUCATIONAL.

On another page will be found the text in full of two bills which are now in the hands of members of the Ohio Legislature. Their importance can scarcely be magnified. One is intended to prohibit the admission into the State of cattle infected with tuberculosis, and to prevent the use, sale or distribution of milk and other dairy products derived from tuberculous cows. The other bill is of local interest to Hamilton County, and has for its purpose a reorganization of the present public school system that is certainly demanded by the exigencies of existing conditions.

The present educational system provides for three governing boards, each separate and independent of the other. One, the Board of Education, is elected by the people, one member from each ward. This is exceedingly faulty, as it engenders among the thirty-one members a persistent rivalry and strife to obtain the very best of everything that is to be had for the school build-

ing located in the ward represented by specific members. Uninfluential members, or those who do not belong to a particular party, are put off and given the go-by, so that some obtain everything galore at the expense of the entire city school district. The writer admires handsome school buildings as much as any one can, but also recognizes reasons for as even and equitable a distribution of school funds as may be possible for the greatest good to the greatest number.

Four years ago the Board of Education bumped up against the financial problem, and went to the Legislature for a privilege to issue school bonds to the amount of \$300,000 for use in an erection of new school buildings. The right was granted, and money used as above intimated. A fair distribution was not attempted. Such a thing was not possible, for members-elect to boards of education are wonderfully human, and sometimes are humanly wonderful. So unjust reflections are not made. The old financial problem is again at the front for a legislative hearing, and a request for a right to issue another installment of bonds to the amount of \$300,000 for new school buildings, which is wrong now as it was four years ago, because the board makes no attempt at economy in lines that are not only practicable, but in channels that would enhance and increase the efficiency of the present school system.

A half-century ago and more the study of German was introduced in the Cincinnati schools because more than one-half of the entire population of the city was German born. That condition no longer pertains, and to-day there is not a city of anything like similar size in America that has so small a ratio of foreign-born citizens as Cincinnati, and the few old people living here who

were born in Germany do not in everyday life, even in their own homes, make use of the German language. Exceptions are rare.

The German papers say the writer is a hater of German, an assertion that has not a single semblance of truth in it. In fact, he is an admirer of the modern German language, studied it, and numbers among his closest and best friends many who are German born, and between us there is no disagreement upon this question of saving to the Board of Education the very respectable sum of \$130,800 per year through its disuse in the schools—a sum quite large enough to pay for two good school buildings.

Another item for economy may be found in the extraordinary number of special teachers who are not supervisors whose salary list amounts to nearly \$30,000 per year, and who are in no sense an advantage to or necessary for a proper administration of the school work, but rather act as a decided detriment to the children in their studies. All of these special studies, and German is so classed, in addition to those last referred to, are of such a nature as to cause a loss of two entire years of school time to those children who do not take the German courses, a loss that is wholly unwarranted, unnecessary and unjustifiable, and caused by basing all courses of study on the German and not on the English language. The other special teachers, in like manner, encroach upon the regular time of the regular teachers. All of which goes to show that there is a positive need for a revision that would not only make new school houses possible, but kindergartens and manual training schools, which are an actual necessity in order to a keeping step with modern requirements.

So much for the Board of Education,

which up to date has been unable to muster enough courage to rectify bad habits. Next the so-called

UNION BOARD OF HIGH SCHOOLS.

Away back in the long ago this board adopted a curriculum of studies that was so absolutely vicious that in effect every year it causes a dropping out of more than 40 per cent. of the entire class entering during the first high school year, and more than 25 per cent. in the second year. The school hours are inhuman, unnatural, and the very worst that could be devised. A majority of the Union Board of High Schools, while acknowledging the wrongs of the system, from some unknown cause or influence seems to be unable to rectify existing evils.

The Union Board of High Schools is partly elected by the Board of Education and partly constituted of members appointed by the Hamilton County Court of Common Pleas. In no sense ever discovered by the writer has it been a homogeneous board and worthy of the name "Union."

THE BOARD OF DIRECTORS OF THE CINCINNATI UNIVERSITY.

The Cincinnati University is a unique institution. Unlike any other university, it is a part of the common school system of the city, has facilities for giving a very thorough education, and at the termination of its courses grants the usual university degree, so that, barring the zig-zag courses and after running a red-handed gauntlet of famine, physical and mental maltreatment, it is made possible for a lusty child to enter the lowest grade in the district school, file through the intermediate and high schools, pass through the four years' requirements of the University and there obtain a Bachelor

of Arts degree without having paid a single cent for tuition. This has been done by a providentially favored few.

The history of mismanagement of the University by its Board of Directors will perhaps never be written, and it is just as well that the blanket of oblivion should completely envelop and cover its sins, which have mainly been those of omission, although there have been some grievous ones entitled to rank and rating as in the category of commission.

Enough! When things get as bad as they can get they usually take a turn, and generally for the better. It is hoped by some that that time is near at hand, and to facilitate the coming of the turn the plan was conceived of asking the Ohio Legislature to lend a helping hand, not by granting authority to issue bonds, but to give the people an opportunity at the next municipal election to elect a Board of School Commissioners of Hamilton County who would have both the courage and ability to correct gross evils when they see and recognize them without fear or favor. Such a board would at once unify and harmonize the school system and make possible a new era in educational lines in Hamilton County.

This issue of the LANCET-CLINIC will not only reach nearly every physician in Hamilton County, but it will go into the hands of some others. Those who are interested in educational affairs in Hamilton County are requested to at once write to each member of the Hamilton County delegation, and also to other members of the Legislature with whom they are acquainted, and fully express their opinions pertaining to the desirability of the enactment of such a law as the one printed elsewhere in these pages. The writer desires it to be thoroughly understood

that he feels that such legislative action would mean a great uplift for rational educational affairs in Hamilton County; and further, the signs of the times indicate that the people are ripe and ready for the enactment of a bill of this nature. While the writer does not disclaim authorship of the bill, he will say it is a known representation of many councils of thought with scores of others.

There is in this specific statement of the educational situation nothing that can be controverted. There has been a neglect in not stating above that the Board of University Directors are appointed by the Superior Court, which still further shows what a strong lack of system exists, and the absolute need there is for a thorough reorganization and the taking of a new start. Such a start would mean great good to Cincinnati. So, now, don't neglect to write to members of the Legislature and tell them just what you think about the educational reorganization bill. This is an imperative suggestion to every one who may chance to read the foregoing.

THE PATHOLOGY OF THE COMMON COMMUNION CUP.

The possibility of various infections from this source is one patent to every thinking and scientific medical mind. Unfortunately, the dislike on the part of physicians to offend the religious scruples of communicants has prevented any great airing of the subject, though a few observations are scattered through the literatures. When we consider the freedom with which religious subjects are handled at the present time; when we consider the widespread interest and knowledge, with the subsequent laws and regulations in regard to quarantine, compulsory vaccination, expect-

toration in public places, abolition of common drinking cups in public schools and parks, to say nothing of the volumes of so-called humorous matter regarding the dangers of osculation, such delicacy is a matter of some wonder. It was to consider the possible danger from this source that at a regular meeting of the Brooklyn Pathological Society a general discussion from the various specialties was held. Papers were read bearing on the standpoint of the general practitioner, the dentist, aurist, dermatologist, bacteriologist and surgeon. The several ministers invited also took part in the discussion, and were, from their remarks, in perfect accord with the professional medical testimony.

The infectious diseases are, of course, the ones to be most feared, and diphtheria probably stands in the front rank. When we consider how long the Klebs-Löffler bacillus may remain in the mouths of patients—weeks after their apparent perfect recovery, according to the reports of the Philadelphia Health Department, averaging twenty-nine days—this crusade will not appear as a joke. Nor must it be forgotten that diphtheria is by no means a disease confined to childhood, so that the objection cannot be raised that the youthfulness of the possible diphtheritic would bar him from taking communion. Again, the germs of this disease may be carried about for weeks in the mouths of healthy individuals who have come in close contact with a diphtheritic, though they have not themselves had the disease, but nevertheless may act as the source of infection through the medium of the drinking cup.

Influenza and pneumonia might be readily communicated in the same way. Our bacteriologists have told us that the mouths of at least 15 per cent. of healthy individuals in health, and all

those suffering from or convalescing from pneumonia, contain the diplococcus lanceolatus. In addition, the streptococci and staphylococci, the causes of pus formation, might be easily conveyed in large numbers in this manner. Miller's studies have shown pretty conclusively that the number of distinct micro-organisms that may thrive in the mouth closely approximates one hundred, many of them pathogenic.

We are all of us aware how often syphilis may be acquired innocently; it is not impossible that it could be conveyed in this manner. Indeed, at the Brooklyn meeting several cases were mentioned in which their reporters believed that the disease was conveyed as here indicated.

The constant endeavors to check the spread of tuberculosis is engaging the attention of citizens and health departments all over the world, yet it seems that this one source is being overlooked. As long ago as 1894 Babcock and Forbush, in the laboratory of the Medico-Chirurgical Hospital of Brooklyn, made a bacteriological examination of the dregs of the communion chalice from one of the churches of that city. In addition to the pus formers, tubercle bacilli were isolated, a fact that speaks for itself and needs no comment.

At our private houses the use of individual drinking glasses is not only for convenience, but for increased cleanliness. Many of us have not yet conquered our repugnance to using a common drinking cup at public institutions. If any difference in the two forms exists, it is in favor of the latter, for it can be and is usually well rinsed out, while the common communion cup must necessarily pass from lip to lip uncleansed.

The ministers attending this conference in Brooklyn admitted the force of

the arguments presented, and volunteered their aid in the agitation of individual cups, though admitting that considerable personal prejudice might have first to be overcome. It is to be hoped that their endeavors have been crowned with success, and that they may instill a like purpose in the minds of others of their professional brethren, to the abolition of a custom that, to say the least, must be regarded as uncleanly.

M. A. B.

THE ACADEMY DINNER.

The Cincinnati Academy of Medicine dinner partaken of at the Grand Hotel last Monday evening was a great success, more than two hundred being present. The feeling of amity and general good will that pervaded the assembly was not only marked and apparent, but positively enthusiastic. Over and over the query was propounded, when will we have the next one? Some said the dinners should be held every month, others every alternate month, while a few of the very conservative replied that one every three months would be better. That they should occur at reasonably frequent intervals was felt by every one.

It was a pleasure to see present Dr. Pigman, of Liberty, Ind., and Dr. Adamson, of Maysville, Ky. The Academy members without exception are always glad of an opportunity to entertain at any and all of their meetings members of the profession from outside the city limits.

Provincial members of the profession will do well to bear in mind the fact that except during the summer season the Academy meets every Monday evening; also another fact, that the Academy proceedings are regularly published in the LANCET-CLINIC.

Physicians everywhere realize more

and more the necessity of keeping in close touch with each other in, and through their society organizations. These bodies must be made more complete than they now are. Every year a perceptible improvement is observed. This is excellent and encouraging, but the time will soon come when every reputable practitioner will carefully see to it that his name is in its proper place on a county medical society roster, and the county organizations will also do well in seeing that the papers read before them are published in medical journals. Every year there is a vast amount of valuable material lost to the profession at large through a sheer neglect of attention to this very important detail.

In time, the county societies must see to it that the great State societies are made greater and filled full of members. Distances are no longer measured by miles, but by hours, and it is but a very few hours from any given point in any State to the remotest corner of that State. Rapid transit makes all men close neighbors, and increases a natural desire to get together, and "get" should become a watchword.

EDITORIAL NOTES.

NEXT Monday evening the Cincinnati Academy of Medicine will hold a special memorial service on account of the death of Dr. J. A. Murphy. It is hoped every member of the Academy will be present.

MEDICAL college commencement season will soon be on hand. The Medical College of Ohio announces an innovation from its time-honored custom. Its graduating exercises will be held at Pike's Opera House on the afternoon of May 8, and the alumni

dinner will be given on the evening of the same date. Arrangements have been made on a large scale, and several hundred alumni are expected to attend the dinner, which will be under the auspices of the Cincinnati Chapter of the Alumni Association.

THE Western Ophthalmologic and Oto-Laryngologic Association will hold its next annual meeting in St. Louis on April 5, 6 and 7, 1900. A most interesting scientific and entertainment programme has been prepared.

A LECTURE on liquid air will be given at Music Hall, March 22, 1900, at 8:15 P.M., by Dr. William Simon, of Johns Hopkins University. Tickets, 50 cents.

THE SAMUEL D. GROSS PRIZE.—No essay which the trustees deemed worthy of the prize (\$1,000) having been received on January 1, 1900, they hereby announce that the prize will be awarded on October 1, 1901.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th Street, Philadelphia," on or before October 1, 1901.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

W. W. KEEN, M.D.,

J. EWING MEARS, M.D.,

J. CHALMERS DA COSTA, M.D.,
Trustees.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Treatment of Heart Disease by Inhalation of Carbonic Acid Gas.

Ewart, of London (*Therap. Gaz.*, December 15, 1899), maintains that this treatment brings within the scope of Nauheim therapeutics a considerable number of cases that would otherwise be set down as unfit; indeed, he attributes much of the efficacy of the Nauheim bath treatment to the incidental inhalation of carbonic acid gas. Whereas Balnear treatment exercises its greatest influence over the period of recuperation, the inhalation treatment is indicated in the stage of failing cardiac energy. Ewart lays it down that those cases will derive most benefit in which the elements of respiratory distress and cardiac pain predominate. Like many other drugs that in large doses possess a toxic and baneful effect, carbonic acid gas has in lesser doses an active physiological effect. It would seem that none of the carbonic gas inhaled passes directly into the blood-stream, but by raising the partial pressure of that gas in the lung prevents the liberation of some portion of the same gas already in the blood. Short of the asphyxial state induced by large doses of an irrespirable gas, Ewart enumerates the following as the chief physiological effects of smaller doses of carbonic acid gas, inhaled experimentally in moderate concentration: (1) A feeling of internal warmth, and after a time some flushing; (2) a strong desire to breathe, and particularly to breathe out; (3) an excited state of the circulation, which may amount to throbbing or palpitation; (4) a slight giddiness and headache supervening after a while in some susceptible subjects; (5) general anesthesia is not brought about by moderate inhalations; (6) cutaneous anesthesia has not been obtained as a result of the inhalation, but only by the local action of the gas upon the skin. Side by side with these effects of inhalation of carbonic acid gas on the healthy subject, Ewart sets the

observations of its effects on patients with cardiac symptoms. The subjective effects are: (1) Rapid diminution or cessation of cardiac distress or pain; (2) a feeling of increased freedom of respiration. The objective effects are: (3) A visible increase in the depth of respiration; (4) a marked improvement of the pulse; (5) an obvious improvement both in the complexion and expression of more than transitory duration; (6) by systematic repetition progressive improvement in the patient's general condition, as well as in the cardiac and respiratory functions. Thus it will be seen that the direct effect upon the cardio-vascular system is reinforced by the greater range of respiratory movements, which, so to say, open up wider channels by which the blood may find its way through the lungs.—*Med. Times.*

Physical and Moral Education.

Moral and physical education are more intimately associated than is generally believed. It is as vain as it is difficult to attempt moral education without physical development. A child physically undeveloped will remain morally undeveloped. The same can be said of the man. The mind, however, will not remain inactive even in an undeveloped body, but, having no normal physical basis of support, will develop abnormally or immorally. An indolent boy or man may be fat—not developed—and good-natured, but he is morally perverse. Exercise for physical growth, therefore is absolutely essential for moral education. The two go hand in hand, the physical leading the moral.

Play is the natural instinct of the young of all animals, and is first and foremost in physical and mental education. Long before the baby can creep he instinctively plays with his hands, mouth and feet, and with everything else he happens to reach, thereby gaining sufficient knowledge and strength to enable himself to crawl, to walk, and to reach out and grasp with precision the things he wants. Children should be encouraged in play. The boy who will not play will not work when a man; he will be slow in physical de-

velopment, and mentally and morally weak.

"A man does not learn through any kind of instruction or study in later life," says Professor Preyer, "anything like so much as the child learns in the first four years of his careless existence through the perceptions and ideas gained in his play. What seems to adults unworthy of the slightest attention in childish play is to the child himself of the highest significance, because it has the charm of novelty."

Professor James very justly says: "If a boy grows up alone at the age of game and sports and does not learn to play ball nor row nor sail nor ride nor skate nor fish nor shoot, probably he will be sedentary to the end of his days," and, he might have added, lacking in physical, mental and moral education. Play is the natural impulse of the boy, and if properly directed will insure the same impulse to work in the man. The man who will not work is a nuisance to society, and as such he is as much in his own way as he is in the way of other people. If he has any ambition whatever, he is generally looking for or expecting something for nothing, consequently morals are very low in his case. It is not meant that a man must use the hoe or spade continuously in order to work. Mental labor is quite as essential for moral growth as manual work, but the mind laborer must use the hoe or spade, or some other form of physical exercise with a degree of regularity in order to become physically, mentally and morally educated.—*Dietetic and Hygienic Gazette.*

Rhythmic Traction of the Tongue.

At the Académie de Médecine M. Laborde spoke on the mechanism of the respiratory reflex and tractions of the tongue. If upon the living animal, he said, moderately anesthetized, the trunks of the superior laryngeal nerves were excited, a more or less intense agitation with incoherent respiratory efforts would be observed, ending, if the irritation continued, in the arrest of the respiratory movements. On the other hand, by exciting the central end

of the pneumogastric nerves in an animal placed experimentally in a state of asphyxia, or of apparent death, a return of the respiratory movements was witnessed, so that under this new condition the intervention of the irritating cause provoked and brought back the functional activity instead of producing its suspension or arrest. He had applied from that fact a double application of mechanical methods of traction of the tongue, namely, the rhythmical or intermittent traction when it was a question of awakening and of maintaining the suspended respiratory reflex; continued traction when it was necessary to obtain the arrest of a morbid hyperactivity such as spasm of the diaphragm constituting hiccough.

M. Pinard said that when a child was apparently still-born he introduced the tube of Chaussier into the larynx after having removed all the mucus from the region and practiced artificial respiration. Immediately the heart began to beat more frequently, and in successful cases vermicular movements were observed in the diaphragm, and finally the first inspiration, followed quickly by others, thus establishing definitely the function. Consequently, and without wishing to detract anything from the experiments of his colleague, he was of opinion that it was the air alone which acted upon the heart first and the respiration afterwards.

M. Laborde answered that he was far from wishing to ignore the efficacy of insufflation of air into the trachea in children apparently still-born, but it was, nevertheless, true that in individuals profoundly asphyxiated, rhythmical tractions of the tongue succeeded where insufflation of air failed. It was for that reason, and also relying on his personal researches, that he thought he was authorized in saying that the first method was more efficacious than the second, and was of more easy application. He did not condemn, however, insufflation of air, and thought it should be employed concurrently with traction of the tongue whenever it was possible.—*Paris Cor. Med. Press and Circular.*

Miscellany.

SOME PROPOSED NEW LEGISLATION.

Representative Hendley, of Cincinnati, has introduced the following bill in the Legislature at Columbus:

A BILL

To prohibit the admission into the State of Ohio of cattle infected with tuberculosis, and to prevent the use, sale or distribution of milk and other dairy products derived from tuberculous cows.

Whereas, Tuberculosis in neat cattle is a dangerously contagious and infectious disease, destructive and fatal alike to men and animals; and

Whereas, The test with tuberculin is an almost absolute proof of the existence or non-existence of tuberculosis in the animal so tested; therefore, be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That no bulls, milch cows or heifers for breeding or dairy purposes shall be driven into this State, nor shall any person or company bring, or cause to be brought or conveyed, into this State, by railway or otherwise, any bulls, milch cows or heifers for breeding or dairy purposes unless such animal or animals shall have been tested with tuberculin within the three months next prior to its or their entrance into this State, and by such test found to be free from tuberculosis. And each such animal shall be accompanied by a certificate setting forth the fact of such tuberculin test, with the date and result thereof.

SECTION 2. Any person or corporation that shall bring, or cause to be brought or driven into this State, any bulls, milch cows or heifers for breeding or dairy purposes otherwise than as hereinbefore specified, shall, upon conviction thereof, be fined in any sum not less than one hundred dollars nor more than one thousand dollars, and shall, moreover, be liable for all damages that may be occasioned on account of

other cattle being infected with said disease.

SECTION 3. It shall be the duty of the State Board of Live Stock Commissioners to apply the tuberculin test to all cattle in this State which are engaged in the production of milk for use, sale or distribution as milk or cream or for conversion into butter, cheese, ice-cream or other dairy products. And the said Board of Live Stock Commissioners are hereby authorized to purchase or manufacture tuberculin for such use, and any excess of tuberculin so purchased or manufactured may be sold for use in this State for testing other cattle not provided for above, at a price not less than the cost of purchase or manufacture.

SECTION 4. All cattle which, when tested with tuberculin, show the existence of tuberculosis, shall be indelibly branded on the left shoulder with a hot iron, with a block letter T not less than two inches high. All such tuberculous cattle shall be separated from healthy cattle and shall be kept permanently separated and quarantined, and all calves born among such tuberculous cattle shall be at once removed from them and fed and reared among non-infected cattle exclusively. Tuberculous cattle so separated and quarantined from the healthy may be fattened, if possible, and slaughtered, and if after careful inspection the flesh is found to be free from disease, the carcasses may be offered for sale. No such branded, quarantined tuberculous animal which fails to fatten shall be sold for food.

SECTION 5. Boards of health, health officers and all other boards or officers performing the duties of boards of health or health officers of cities, towns, villages, counties and townships shall prepare and keep, accurately and up to date, lists of all persons, corporations or others engaged in the production of milk for use, sale or distribution as milk or cream, or for conversion into butter, cheese, ice-cream or other dairy product, together with the number of cattle belonging to or under the care and use of such persons or corporations. Upon request from the Secretary of the State Board of Live Stock Commis-

sioners, certified copies of such lists shall be furnished for the use of said board.

SECTION 6. It shall further be the duty of boards of health, health officers or of other boards or officers performing the duties of boards of health or health officers to prevent the use, sale or distribution of milk for any purpose whatever which is derived from tuberculous cows, and to prevent the addition to tested herds of other cows until they also have been tested and found free from tuberculosis.

SECTION 7. This act shall take effect and be in force on and after its passage.

* * *

Dr. Hendley has also introduced

A BILL

To amend Section 3897 of the Revised Statutes of Ohio, and to establish a Board of School Commissioners in counties containing a city of the first grade of the first class.

Be it enacted by the General Assembly of the State of Ohio :

SECTION 1. That Section 3897 of the Revised Statutes of Ohio be amended so as to read as follows :

Sec. 3897. In counties containing a city of the first grade of the first class there shall be a Board of School Commissioners, which shall consist of five members. The commissioners provided for in this act shall be elected at the first general election in April following the passage of this act, and shall hold office for the term of three years. The commissioners so elected shall enter upon their official duties on the first Monday in May following their election. Vacancies caused by death, resignation or removal shall be filled by vote of the majority of all members elected, until the next annual municipal election after such vacancy occurs, when the same shall be filled by election for the unexpired term.

The Board of School Commissioners provided by this act shall be in all respects the successors of each and all Boards of Education, High School Trustees, Directors of University, or other organizations sustained in whole

or in part by taxes levied and appropriated for educational purposes in counties containing a city of the first grade of the first class, and the custody and management of any and all estates, property or funds given or transferred in trust to, and accepted by a city, school district, or township located in such county containing a city of the first grade of the first class shall exist and abide in the Board of School Commissioners created by this act.

The members of such Board of School Commissioners created under this act shall not, as individuals or as local committees, exercise supervisory authority over the schools and other educational institutions in said county, but as an entire board shall have full power and control over the management and conduct of the same, including erection, control and maintenance of buildings used for public educational purposes, including appointment of a president, faculty and instructors in the university department of the county school system provided for in this act; also such other school superintendents, supervisors, principals and teachers as may be necessary for an efficient conduct and management of all the public schools in the county aforesaid, including fixing of salaries and wages, and power to dismiss or suspend any employé for cause. Any such president, professor, superintendent, supervisor, principal or teacher, if suspended or dismissed, shall be entitled to a full investigation and fair trial of his or her case, cause or grievance in presence of a full and open board of the school commissioners created by this act.

The members of the Board of School Commissioners shall each receive a salary of four thousand dollars annually, payable in equal monthly installments. The members of the board shall each give a bond of fifty thousand dollars for faithful performance of duty.

All provisions of law in force when this act takes effect, which are inconsistent with any of the provisions of this act, shall be held to be superseded and included in the latter as to the matter of inconsistency and not otherwise, as to counties in which are

located cities of the first grade of the first class.

SECTION 2. That said Section 3897 of the Revised Statutes be and is hereby repealed, and this act shall take effect and be in force from and after its passage.

The Etiology of Scarlet Fever.

H. O. Hall (*N. Y. Med. Record*), in the course of twenty-five years' service in the library of the Surgeon-General's office, in connection with the compilation of the "Index Catalogue," was led to make a somewhat extensive research into the literature of the subject of "Milk as a Cause of Disease," which revealed the following facts:

1. That, while scarlet fever occurs in epidemic forms in all countries, especially among children, it does not occur in countries where cow's milk is not used as a food, or where children are raised on mother's milk only.

2. That in Japan and China, where cow's milk is not used as a food, scarlet fever is unknown, or very rare.

3. That in India, where cow's milk is used as a food, but where, as in Japan, children are nursed until three, four, or even six years old, scarlet fever is rare, if not unknown.

4. That in countries where goat's milk and ass's milk are used as food, scarlet fever is unknown.

5. That epidemics of scarlet fever in London and elsewhere have been traced directly to the use of milk from certain cows affected with the teat and udder disease, and that milk has not been infected by coming in contact with the disease in man.

6. That certain diseases in the lower animals are co-existent with or precede or follow similar epidemics in the human race.—*Med. Review.*

THE question as to whether in severe injuries to the abdomen immediate operation is indicated, especially as in these cases the collapse is always extreme and the symptoms of hemorrhage obscure, is one that is being answered more and more in the affirmative.—H. B. A. KUGLER.

Book Reviews.

A Text-Book of Diseases of Women. By CHARLES B. PENROSE, M.D., Ph.D., Professor of Gynecology in the University of Pennsylvania; Surgeon to the Gynecean Hospital, Philadelphia. Illustrated. Third edition, revised. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900.

The fact that three editions of this book have been issued since the middle of 1897 is good proof of its popularity. In this case public favor is well bestowed. It is, however, essentially a book for the student of medicine, for the general physician, and should be followed by the teacher of this branch. From the standpoint of the former it may be stated that little is taken for granted, but the writer enters carefully into the details of his science, not compelling one to wade through a hopeless mass of anatomy and physiology, or follow his still more wearying fads and theories. With such a book for a guide the student will find his work here greatly lightened.

As regards the contents, the usual classification is employed, the author wisely dividing the subject matter into as many separate chapters as possible. Of particular interest and significance is a chapter on a most important work of the abdominal specialist—tubal pregnancy. Clear and concise are the chapters on the technique of abdominal operations.

In discussing the various methods of examination, the following rather remarkable statement is made: "In a thin woman the vermiform appendix may sometimes be felt through the abdominal wall, and in cases of pain and inflammation in the right iliac region it is sometimes important to determine whether or not the trouble has started in the vermiform appendix or in the Fallopian tube." Minute directions then follow as to the palpation of the appendix. This statement is the more surprising when we recollect how variable is the position of the appendix. The majority of us, indeed, are able to palpate even a very large and indurated appendix only with the greatest difficulty and uncertainty. "Cases of pain

and inflammation in the right iliac region" would, we opine, not be the very best upon which to try this manipulation.

It is refreshing to hear a writer of such great experience and authority take the rational scientific ground that is here held in the chapter upon gonorrhea in women. It is high time that some one in authority maintain that every disease and every instance of female pelvic trouble is not due to this germ. "The fact that the husband may at some time of his life have had gonorrhea, or even that the woman may have had gonorrhea, is no evidence that a pyosalpinx that appears in later years has been caused by this disease. There are many other causes of pyosalpinx besides gonorrhea. The frequent causative relation of sepsis at labor, miscarriage, or criminal abortion, or during the intra-uterine manipulations of the physician, should always be remembered." To be accurate, he believes that the physician should classify as of gonorrheal origin only such cases as he can prove.

The illustrations, particularly the microscopical pictures of Bryra, are excellent. The operations upon the perineum and cervix, so difficult for the student to master from description, are also well illustrated. M. A. B.

The Year-Book of the Nose, Throat and Ear. The Nose and Throat edited by G. P. HEAD, M.D., Professor of Laryngology and Rhinology in the Post-Graduate Medical School of Chicago; the Ear edited by ALBERT H. ANDREWS, Professor of Otolaryngology in the Post-Graduate Medical School of Chicago. Chicago Medical Book Co., 35-37 Randolph Street, Chicago. 1900.

The appearance of such a work as this bears testimony to the importance this specialty has assumed no less than does its 274 pages epitome to the immense amount of work that is being done in this field and the great number of physicians engaged in it. It is a work for the specialist alone, and covers the ground pretty thoroughly, as its list of 170 medical journals and references bears witness. An index medicus and something more, as each article gives a short abstract of what may be found in the original draft, as well as an easy

guide to find the reference. Quotations have been made from articles by Drs. S. E. Allen, J. A. Thompson and J. W. Murphy, of this city.

The Care of the Ears in Early Life.

Dr. D. G. Bryant, of Omaha, Neb., in *Gaillard's Med. Journal*, says that the care of the ear in early life means the care of the nasal passages and pharynx, as well as the ears themselves. Beginning with the infant, care should be taken that the nose be clear for breathing purposes before nursing is allowed.

Pure air and hygienic surroundings are as necessary for the health of the mucous membrane lining the throat, nose and ears as for the general health. It is absolutely necessary for the preservation of the ears in a normal condition that perfect ventilation and drainage of the nasal passages be maintained, and any new growths, hyper-

trophies or deformities should be immediately removed.

In all diseases of childhood prone to effect the mucous tract extending through the nose, throat and middle ear, the latter should be carefully watched and receive proper attention and treatment as soon as any symptoms of implication of the organ become manifest.—*Med. Summary*.

IF you see a boy who has first developed incontinence of urine in advanced childhood, and especially if there is occasional difficulty in retaining the urine during the waking hours, you will do well to search the bladder, for these are often the first symptoms of the presence of calculi in boys.—*International Journal of Surgery*.

INOPERABLE uterine cancers have been reported as arrested in their growth by full doses of thyroid extract.—*Med. Summary*.

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THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

NEW SERIES VOL. XLIV.

MARCH 24, 1900.

WHOLE VOLUME LXXXIII.

Original Articles.

THE JUSTUS TEST IN SYPHILIS.

BY MARK A. BROWN, M.D.,
CINCINNATI,

AND GEORGE P. DALE,
INTERNE TO THE CINCINNATI HOSPITAL
(FROM THE HOSPITAL LABORATORY).

In 1896, Justus, of Buda-Pesth, presented an elaborate paper before the Third International Congress of Dermatology on the changes that take place in the blood of patients suffering from syphilis. He was able to show that from the beginning of the specific adenitis to the onset of the secondary lesions, provided the patient does not undergo appropriate treatment, there is a slow but gradual diminution in the amount of hemoglobin. With the subsidence of the secondary symptoms, the patient still being untreated, he found that the hemoglobin steadily increased in amount until it obtained the previous level. He concluded from this that the blood, as well as the other tissues of the body, suffered from the action of the syphilitic virus, and particularly during what might be termed the acute stage of the disease.

Continuing his observations, he stated that treated by hypodermic intramuscular injections of the mercurial salts, the sodiodolate and the perchloride, patients suffering from active syphilis showed a sudden—indeed, almost immediate—drop in their hemoglobin, varying in amount from ten to twenty degrees. In from two to four days the amount lost was regained, and, as a rule, increased. Another injection caused a similar drop, which was in turn followed by recovery and increase, so that the tendency was progressively

toward a higher standard. Naturally, the external cutaneous manifestations also cleared up under the injections.

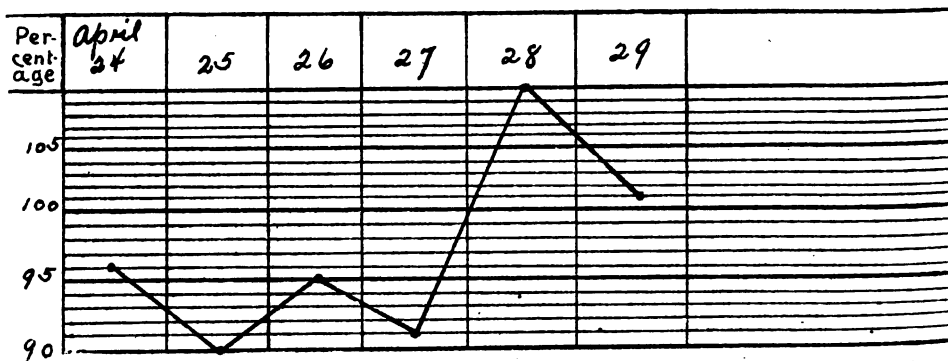
Trying the effects of inunctions, he found that the hemoglobin sank rapidly after the first inunction, though not to so great a degree as after an injection treatment, and gradually recovered and increased, even though the inunctions were kept up by the usual daily method; in other words, there was but the one primary drop. When, however, the mercury was taken in pill form in the ordinary medicinal doses, the cases of active syphilis did not show any primary diminution in the amount of hemoglobin; on the contrary, with the clearing up of the specific manifestations the hemoglobin curve steadily rose.

Thus there were different reactions resulting from different methods of administration, but it did not appear to us a difficult matter to reconcile these variations. We have learned from many sources that an active syphilis is accompanied by a diminution in the number of its red corpuscles, with a corresponding lessening in the amount of its hemoglobin; that is to say, by a simple anemia; the more virulent the infection and the longer untreated, as a rule, the greater the anemia. Undoubtedly, then, there is a virus at work which tends to cause corpuscular destruction, so that it is but a step to assume that there is at this time a very large number of red corpuscles, if the term may be permitted, *on the verge of destruction*. It needs but little at this time to kill these greatly weakened corpuscles. Rapidly introduce into the system, as by injection, a considerable amount of a metallic salt of mercury, itself a destroyer of the red corpuscle; what more natural than that those

already greatly weakened corpuscles should give up the struggle, undergo disintegration, be cast off, and within the next few hours, certainly within the next twenty-four, a great diminution in corpuscular richness be recorded? With the inunction, less destructive in its action, a greatly lessened number of worn-out corpuscles undergo disintegration, and naturally the fall in hemoglobin is also less. The next inunction does not cause any diminution, or but little, from the simple fact that the wounded members of the garrison have been already put to death, and those remaining have been stimulated to a certain extent by the previous inunction. Thus with each succeeding inunction there may be a gradual increase in the richness of the blood, as indicated by the increased hemoglobin. The mercury, when taken, and necessarily in small quantities, exercises but little destructive effect upon the weakened corpuscles, and from its alterative and restorative action gradually brings about an improved condition of health, with a coincident improvement in the blood. *It would seem that in the destruction of the red corpuscles of lowered vitality lay the value of the test.* This phase of the subject will be taken up later.

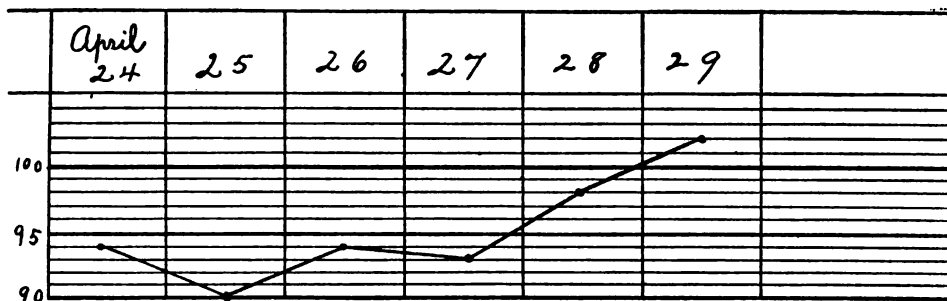
In the cases which follow we have used in every instance the inunction form of treatment, the amount being about twenty grains of the unguentum hydrargyri. The observations were made on patients from the female venereal ward, patients under the same diet, and subjected to the same hygienic conditions. They were not tested until they had been in the house some days. The tests were all made by the same observers, under similar conditions, with the same instrument (Fleisch hemometer); three tests were made by each observer, the other recording the observation, so that the figures given are the average of six tests. Many times another drop of blood was tested, taken from some portion of the body other than the usual point—the ear. The patients were carefully watched, so as to be sure that the ointment was thoroughly rubbed in, twenty to forty minutes being consumed by the process. The observations were made, we believe, without prejudice, with no preconceived idea of proving or disproving anything, but merely to follow out Justus' plan and see for ourselves the value, if it possessed any, of his test, and wherein that value lay. The tests were discontinued after fourteen cases had been studied for obvious reasons.

CHARTS SHOWING HEMOGLOBIN CURVE IN FOURTEEN CASES
SUBJECTED TO THE TEST.



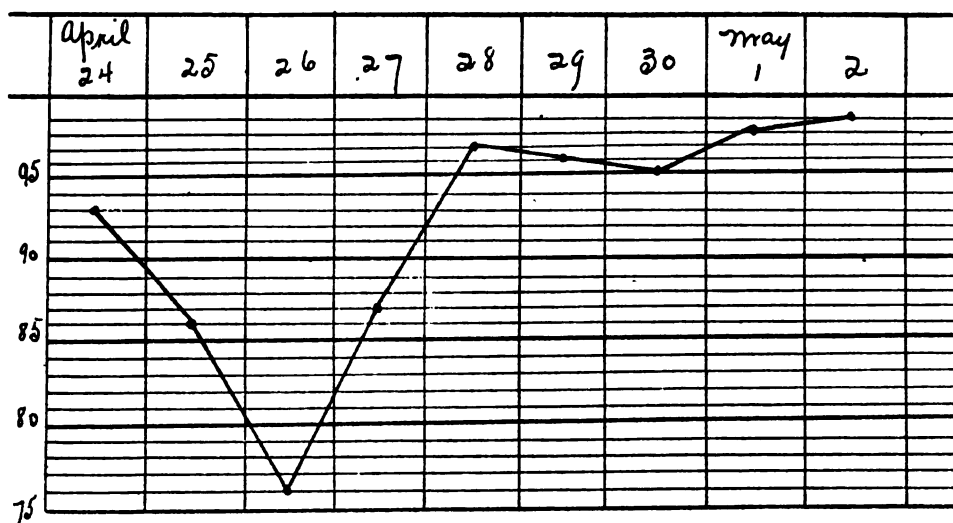
CASE I.

No. 85,242. Age twenty-two. Chancre between labia; has been there six to eight weeks. Secondary eruption in a vaccination scar made five weeks ago. Eruption here papular in character. Medium physical development.



CASE II.

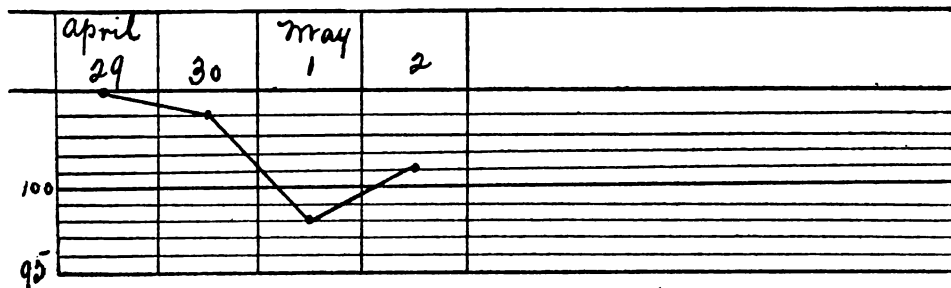
No. 86,227. Age twenty-two. Has had roseola about a week. Female of powerful physique. Diagnosis: syphilis secundaria.



CASE III.

No. 85,594. Negro female. Powerful physical development. Age eighteen. Papular eruption over whole body, which has appeared within past four days, i.e., since April 20. Diagnosis: syphilis secundaria. Gonorrhea also present.

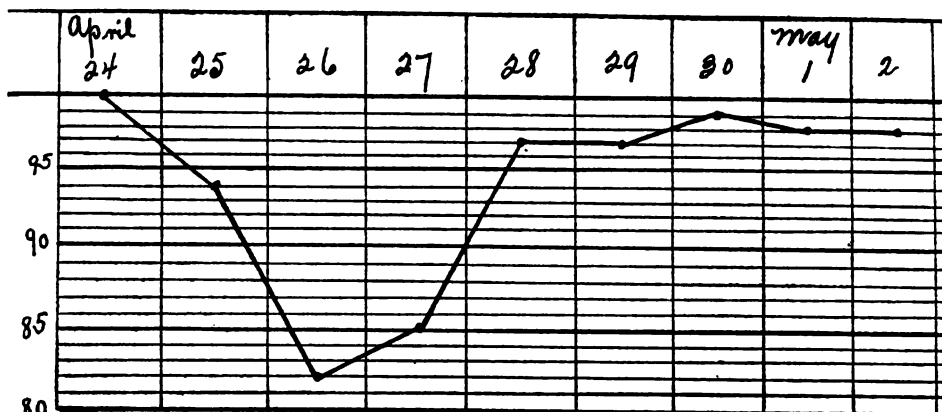
April 24, 25, 26, 27, 28, 29, 30, May 1, 2. Mercurial inunction, 3j, after examination.



CASE IV.

No. 86,328. Female, age twenty-one. Medium physique. Diagnosis: gonorrhea. No syphilis.

April 30, May 1. Mercurial inunction, 3j, after examination.

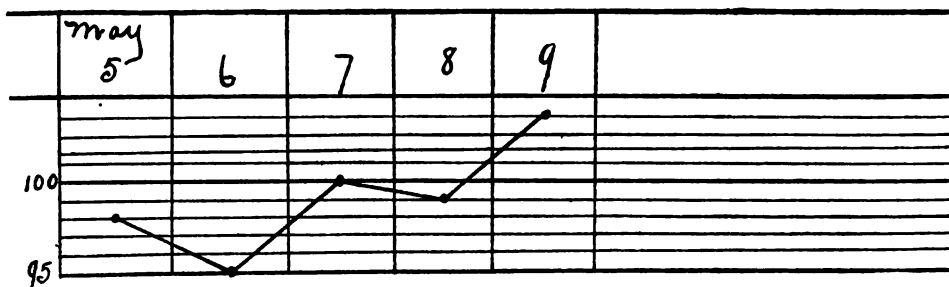


CASE V.

No. 83,996. Female, age eighteen. Medium physique. Moist mucous patches about vulva. Condylomata about anus. Mucous patches on tonsils.

April 24, 25, 26, 27, 28, 29. Mercurial inunction, 3j, after examination.

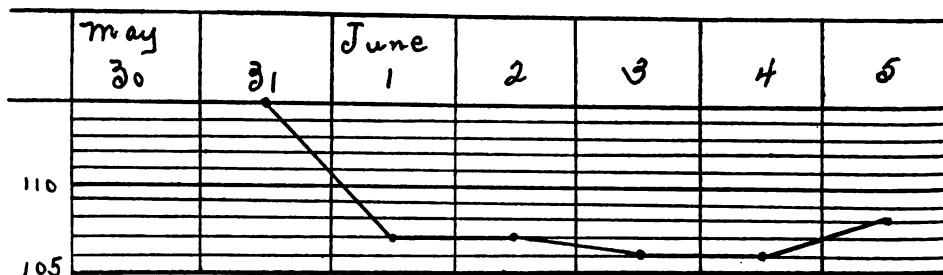
April 30, May 1, 2. No inunction.



CASE VI.

No. 89,397. Female, age twenty. Powerful physical development. Left labia majora indurated. Sore size of a dime. Condylomata. Inguinal glands enlarged. Purulent vaginal discharge began three months ago. Diagnosis: syphilis secundaria.

May 5. Mercurial sitz bath yesterday; mercurial inunction, 3j, after examination.



CASE VII.

No. 86,651. Female, age 91. Good physical development. Pharyngitis. Sore well on inside labia majora for two months. Slight roseola on exposure of skin to air.

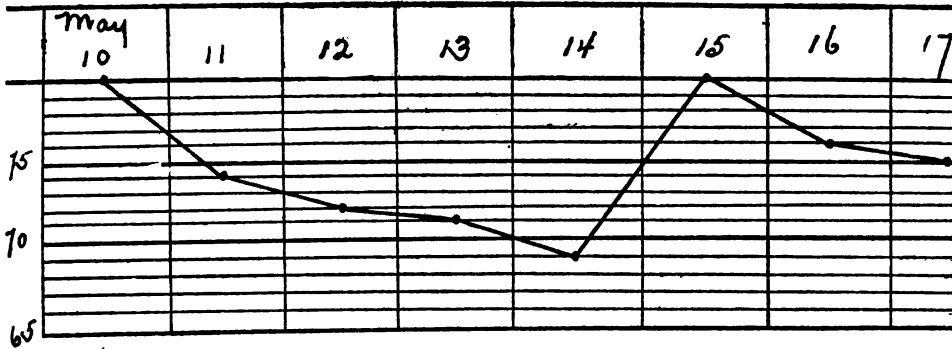
May 30. Mercurial sitz bath in P.M.

May 31. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

June 1. Mercurial sitz bath in A.M.

June 2. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

June 3. Mercurial inunction, 3j, in P.M.



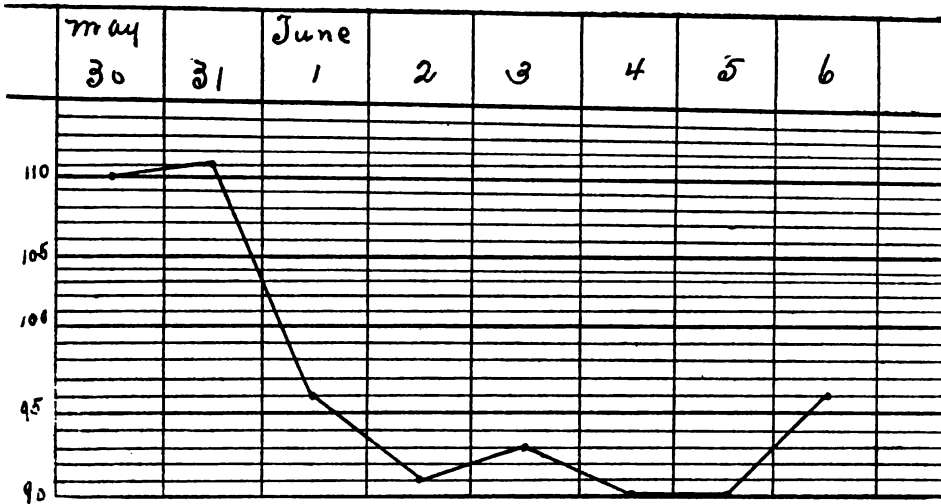
CASE VIII.

No. 85,842. Female, age twenty. Medium physique. Papular eruption over whole body. Looks anemic. Patient had protolodide of mercury on outside for two weeks, but has had no treatment for past three weeks

May 10, 11. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M. Iron, quinine and strychnine t.i.d.

May 12. Mercurial sitz bath in A.M. Iron, quinine and strychnine t.i.d.

May 13, 14, 15, 16. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M. Iron, quinine and strychnine t.i.d.



CASE IX.

No. 86,612. Female, age twenty-three. Poor physical development. Macular eruption over chest, back and arms. Inguinal glands enlarged. Admits excessive alcoholism.

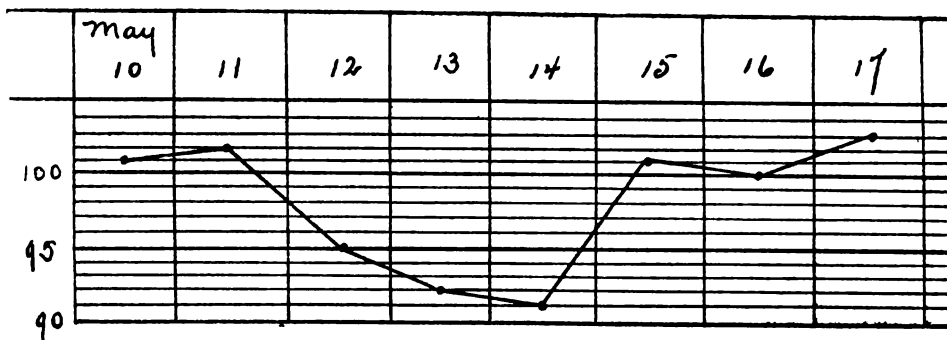
May 30, 31. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

June 1. Mercurial sitz bath in A.M.

June 2. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

June 3. Mercurial inunction, 3j, in P.M.

June 5. Mercurial sitz bath in P.M.



CASE X.

No. 86,462. Female, age forty-nine. Powerful physique. Macular eruption all over body. Mucous patches in mouth and vagina. Patient says she has had pills for past two weeks from free dispensary.

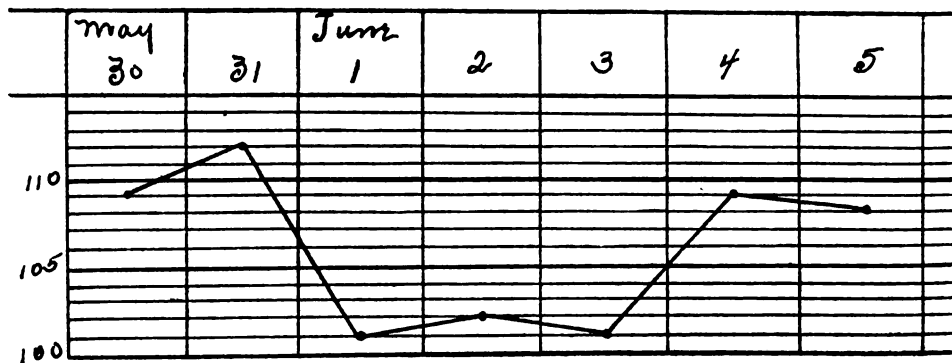
May 10, 11. Mercurial inunction, 3j, after examination.

May 12. K.I., gr. xx t.i.d.

May 13. Mercurial inunction, 3j, after examination. K.I., gr. xxj t.i.d.

May 14, 15. Mercurial inunction, 3j, after examination. K.I., gr. xxij t.i.d.

May 16. Mercurial inunction, 3j, after examination. K.I., gr. xxij t.i.d.



CASE XI.

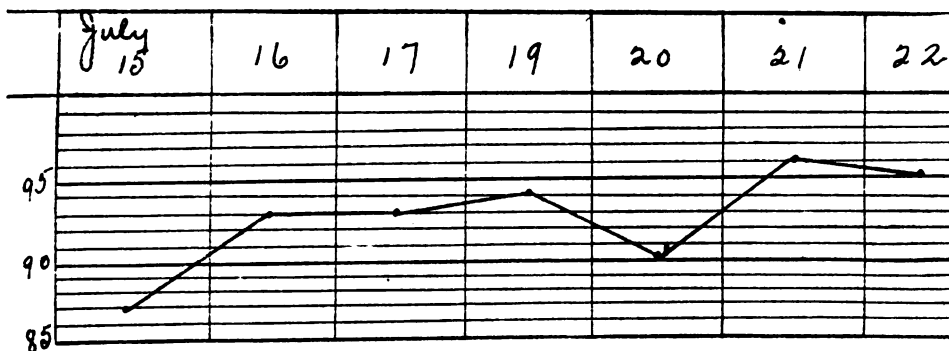
No. 86,653. Female, age eighteen. Powerful physique. Sores on labia majora for past four weeks. Much edema of labia. Large condylomata on labia and around anus. Laryngitis. Roseola on chest and back on exposure to air.

May 30, 31. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

June 1. Mercurial sitz bath in A.M.

June 2. Mercurial sitz bath in A.M. Mercurial inunction in P.M.

June 3. Mercurial inunction, 3j, in P.M.



CASE XII.

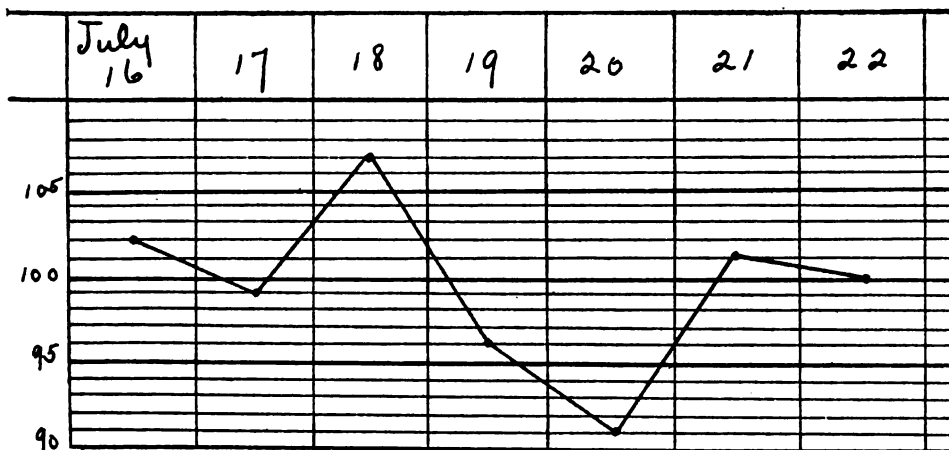
No. 87,078. Female, age twenty. Medium physique. Macular eruption all over body, which came out on face first on July 8, 1899. Pharyngitis. Inguinal glands somewhat enlarged.

July 15, 16. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

July 19. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

July 20. Mercurial sitz bath in A.M.

July 21. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.



CASE XIII.

No. 87,093. Female, age nineteen. Poor physical development. Hard sore just outside edge of left labia minor, which has been there two weeks. Roseola on chest and back on exposure of skin to air. Condylomata around anus.

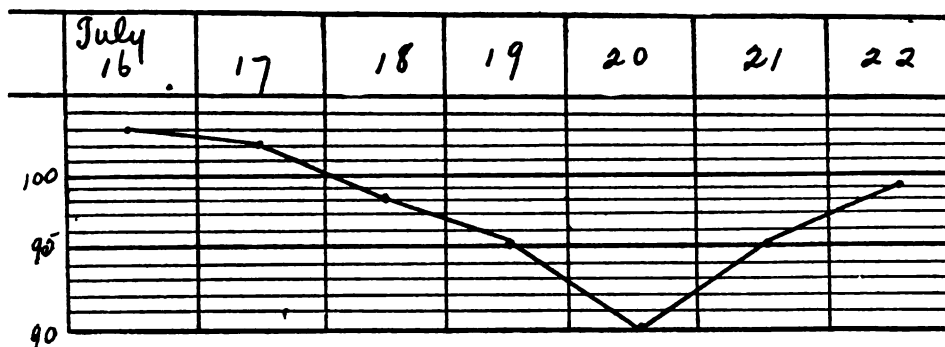
July 16. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

July 17. Hypodermic injection, m.x., of 1½ per cent. solution HgCl₂ into muscles of buttock.

July 18. Mercurial sitz bath in A.M.

July 19. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

July 20, 21. Mercurial sitz bath in A.M.



CASE XIV.

No. 87,092. Female, age twenty-eight. Powerful physique. Pharyngitis. Inguinal glands slightly enlarged. Has had eruption all over body for three weeks, somewhat resembling psoriasis. Maculo-papular eruption of syphilis. Had hard sore on labia about two months previously.

July 16. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

July 17. Deep hypodermic injection, m_x, of 1½ per cent. HgCl₂ into muscles of buttock in P.M.

July 18. Mercurial sitz bath in A.M.

July 19. Mercurial sitz bath in A.M. Mercurial inunction, 3j, in P.M.

July 20. Mercurial sitz bath in A.M.

July 21. Mercurial Sitz bath in A.M. Mercurial inunction, 3j, in P.M.

RÉSUMÉ.

Case No.	Chancre.	Secondary Eruptions.	Amount of Hemoglobin, with Day of Test.								
			1	2	3	4	5	6	7	8	9
I	Present.	Present.	96	90	95	91	110	....	....	....	....
II	Not present.	Present.	94	90	94	93	98	102	....	....	....
III	Not present.	Present.	93	86	76	87	97	96	95	98	99
IV	Gonorrhea (no syphilis).	.....	105	104	98	101	....	....	....	....	....
V	Not present.	Present.	100	94	82	85	97	97	99	98	98
VI	Present.	Present.	98	95	100	90	104	....	....	....	....
VII	Present.	Present.	115	107	107	106	106	108	....	....	....
VIII	Not present.	Present.	80	74	72	71	69	80	76	75	....
IX	Not present.	Present.	110	111	96	91	93	90	90	96	....
X	Not present.	Present.	101	102	95	92	91	101	100	103	....
XI	Not present.	Present.	109	112	101	102	101	109	108	....	....
XII	Not present.	Present.	87	93	93	94	90	96	95	....	....
XIII	Present.	Present.	102	99	107	96	91	101	100	....	....
XIV	Not present.	Present.	103	102	98	95	90	95	99	....	....

Thus, out of the thirteen cases, while but four had unmistakable chancres, *all* had developed the secondary eruptions, so that there could be no mistake in diagnosis. None of them had been treated for their disease previous to entrance to hospital. No antisiphilic medication was instituted until after the amount of hemoglobin had been estimated.

Hemoglobin.

Between 110-120.....	2
Between 100-110.....	5
Between 90-100.....	4
Below 90.....	2

But two cases, then, could be looked upon as even slightly anemic, while in over one-half the hemoglobin estimation was normal or above. Not one registered a drop after the first rub of as high as ten degrees, not a great loss to ask of a test of the supposedly delicate nature of this. But five showed a loss above five degrees, four of less than five degrees, while in four instances the amount was slightly increased after the initial inunction, notably in Case XII, where an increase of six degrees was noted. (This case was

completely atypical, the hemoglobin remaining steadily higher than at time of first inunction. Referring to the brief history, it can be seen that she was undoubtedly syphilitic; the greatest care was taken to insure accuracy, several estimations being made daily.) In the three other cases, following this primary rise was a very noticeable drop. Some of the cases, under the continued administration of mercury (inunction), gradually decreased in hemoglobin to a certain point, subsequently rising to normal and above; notably, Case III, seventeen degrees on the third day; Case V, eighteen degrees on the third day; Case VIII, eleven degrees on the fifth day; Case IX, nineteen degrees on the fourth day; Case X, ten degrees on the fifth day; Case VII, nine degrees on the fourth day; Case XVI, thirteen degrees on the fifth day. To keep up the general complexity, Case XIII registered first a slight drop, followed by a rapid rise to above the point of the original estimation, the next day a considerable fall, and by the fifth day a total drop of sixteen degrees from the high point of the third day. In all the cases save one some fall is noted. The average, estimating from the highest (previous to steady recuperation) to the lowest, was almost twelve degrees. This would seem to indicate that the test is of some value, though in our hands nothing conclusive could be deduced. It worked fairly well in most instances, though failing dismally in a few; nor can we console ourselves with the thought that the work was carelessly done in those few. On the contrary, aware of what Justus' cases had shown, these failures were re-tested and the patients themselves examined many times to watch the progress of their lesions, but the hemoglobin could not be forced one degree lower, nor could the diagnosis of specific disease be changed in a single instance. One point, however, must be kept in mind: the Austrian cases were very anemic, as shown by their charts, so not only had there been a vast number of corpuscles destroyed, but here was also a larger percentage in a greatly weakened condition, an easy prey to the arch

enemy, mercury. In our cases, upon the other hand, not one could be looked upon as very anemic, while almost all showed a normal condition of the hemoglobin, so that the natural presumption is that very few of the corpuscles were ready to succumb easily. This may probably explain why it took several days to reach the low point in the hemoglobin estimation. No control experiments were made at this time. Those made recently¹ tend to show that the non-syphilitic cases do not react to mercury, as a rule, though these observers have recorded a case of chlorosis, 45 per cent. hemoglobin, falling to 32 per cent. after one inunction, another point in favor of our theory that it is the great anemia or tendency to anemia that is the determining factor, and not so much the question of the specific disease. Cabot and Mertins tested but seven cases of active syphilis, these losing an average of 21 per cent. of hemoglobin after one inunction. In three cases of inactive syphilis there was no reaction.

CONCLUSIONS.

1. That the test is not always reliable, though present in many instances.
2. It is occasionally present in diseases other than syphilis, and in which active syphilis can be excluded.
3. That these exceptional diseases are characterized by great hemoglobin anemia.
4. That it is necessary to try the test in a series of cases of the essential anemias before claiming it as absolute.
5. That the low point is not necessarily reached after the first inunction.
6. That practically the test is of but little value.

Lastly, we wish to express our obligation to Dr. A. Ravogli, dermatologist to the Cincinnati Hospital, through whose kindness we have been enabled to carry on this work.

¹ CABOT and MERTINS: Boston Medical and Surgical Journal, April 6, 1899.

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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CINCINNATI, MARCH 24, 1900.

Editorial.

SOME HISTORY.

Members of the medical profession as a body are always actively interested in an improvement of all laws which have for their purpose an uplift of the conditions of life among the people, and secondarily an elevation of those who belong to their own calling. To this end it is necessary that there should be enacted general and special sanitary laws, as well as those that are educational and exacting in their requirements of qualification from those who engage in a practice of the healing art. The medical practice act now before the Ohio Legislature has been passed by the House of Representatives and is now in the Senate, where it is believed there will be little obstruction to its passage.

* * *

Three years ago the political situation in Cincinnati was exceedingly unsatisfactory, and there came a revolt, in which the physicians of the city took a very lively interest; but in the outcome it proved that they were

basely deceived. Solemn obligations and promises were turned down, and in the new shuffle and deal they were treated with a most outrageous insult through a placing of the Health Office in the hands of a well-known advertising quack. This, the Academy of Medicine promptly resented, and passed a strong resolution of protest, which had little or no influence upon the appointing power. In a similar manner obligations and promises to the ex-soldiers and sailors were counted as of no effect by those who had been elected to office by these two large bodies of citizens. A natural result of such a governing power is manifested in the worst municipal administration the city has had for very many years. The doctors and the ex-soldiers have possessed their souls in patience, and have bided their time with a deep and firm resolve to do some righting of wrongs experienced by them at the next general municipal election, and they will do it in a way and to an extent that will be emphatic and well remembered. The writer has an unbounded confidence in the integrity of American voters. Sometimes, as in this instance, they are betrayed and deceived for a few sordid pieces of silver, but this deception cannot be continuously carried on, for, regardless of political party ties, the rascals are sure to be turned out and a new start taken. Eight hundred reputable physicians, their brothers, sons, uncles and cousins will relieve the indignation they now feel at the polls on the first Monday in April, in the year of our Lord 1900.

Members of the medical profession are taking a more than usual interest in local educational affairs, and ten or more are candidates for membership in the Board of Education. This is a good move, and is in the interest of an improvement that is very much needed.

As a class, physicians can give more well-directed time to the schools than any other body of men, and that without detriment to their business interests. By all odds the Board of Education is the most important board in the municipal government, and should be so recognized. Altogether too many utterly unqualified men have sought these positions, and sometimes are elected, in consequence of which a change of methods as indicated in the last LANCET-CLINIC is exceedingly desirable. However, this will come in time, and the time may not be very far off.

* * *

Dr. Andrews, Superintendent of the Chicago schools, advocates emphatically an abolition of the study of German in the public schools of that city. An agitation of the subject has been taken up in Dayton and in other places. Light is commencing to shine through a befuddling darkness, and the people are awakening to a fact that they are unreasonably taxed for this purpose; the pocket nerve is being pinched and pain results.

The arrogance of some teachers of German and their friends is sometimes amusing and sometimes preposterous. An appointee of the Cincinnati Board of Education recently took it upon himself to call upon the leaders of the Republican party and request them to do what they could, peremptorily or otherwise, to prevent the writer from being nominated for election. Teachers are canvassing for the election or defeat of those they think are likely to be opposed to German instruction in the schools, in some instances making it the issue. In every case the gauntlet should be accepted openly and above-board, because this is not a German city.

Recently a teacher of German allowed her discretion and judgment to carry her to the extreme of peremptorily demanding of the principal of the school in which she was a teacher that children not studying German should remain perfectly idle during her recitations, in order that such children should not advance beyond those receiving German instruction. She allowed the principal no option, but assumed the right to dictate to him what he should or should not do in the premises. Who was the principal? The teacher or man supposed to have charge of the school? That principal should have at once suspended that teacher and reported his action to the Superintendent of Schools. It is about time that majority rights should receive some practical recognition.

The fact of the matter is, German is the boggy man in the municipal politics of all or nearly all our cities; as such, this factor should be completely eliminated. There should be no recognized German-American citizens, but only Americans. Germany is all right for Germans, and America is broad enough for all citizens of the land of the free and home of the brave. Hyphenated citizens should be completely enveloped and lost in the folds of one flag and one country.

As a rule, to which there are but few exceptions, the German naturalized citizen is one of the best and most loyal of Americans to the national government, and there is no single class of people to whom it is more important that there should be a complete amalgamation with English-speaking citizens. The writer does not believe in a so-called American or Know-Nothing political party. Such a party or even a display of an equivalent party spirit is not for the common good. But he is

thoroughly convinced that there is no other one thing that is doing so much to foster that very spirit of Know-Nothingism as the continued teaching of German in the public schools. Every other foreign language has precisely the same claims, and the German people who make special and specific demands are making a very grave mistake in urging such requirements as the price of their votes. The reaction is now coming in the general agitation of this subject, and they are so much in the minority that they are in great danger of being completely overwhelmed. Their best policy is to recognize the situation as inevitable and do as the Germans did in St. Louis, where by an overwhelming vote, largely cast by Germans, the language was abrogated from the public school course of study. The salvation of the country is to be found in the use of one language, one flag and one nation.

* * *

It comes to the notice of the writer that some persons have taken it upon themselves to charge Dr. Boone, Superintendent of Public Schools, with having taken part in the preparation of the bill creating a Board of School Commissioners which is now in the hands of the Legislature. This the writer wishes to emphatically deny, and to say that Dr. Boone did not have even indirect knowledge of the preparation of the bill, or in any way suggest such a measure, and did not know anything about it. In other words, he had nothing whatever to do with it, and is absolutely innocent of the charge. In consultations with others on this subject—and they were not a few—Dr. Boone was purposely not conferred with, the writer recognizing that in his official relations any expressions of opinion by him would be out of place.

TOBACCO POISONING ENCOURAGED BY THE COURTS.

There was an old soldier and he had a wooden leg,
No tobakky could he borrow nor tobakky could he beg.

There was an old sailor as cunnin' as a fox,
He always had tobakky in his old tobakky box.
Said the first old cod: "Will you gim'me a chew?"

Said the second old cod: "I'll be dinged if I do;

Save up your money, be as cunnin' as a fox,
And you'll always have tobakky in your old tobakky box." —*Longshore Rhyme.*

NEW HAVEN, CONN., March 5.

There is so much jurisprudence in New Haven these days that the town-folk have forgotten all about justice and whether tobacco-chewing is a crime. But, on the other hand, the courts have just decided that it is not a misdemeanor merely to borrow a "chaw."

This precedent in law was established to-day through the aid of the City Attorney and Constable Wolf O'Levi. The constable was rushing up and down Oak Street wildly looking for some one to arrest when John Dowd strolled by.

"Say, old boy," Dowd exclaimed pleasantly. "Gimme the loan of a 'chaw' of tobacco, will you?"

"What's that?" cried O'Levi. "Begging in the public streets, are you? Come along with me."

"I'll not walk a step with you," yelled Dowd. "You can drag me the whole way."

He immediately lay down in the gutter and would not move until another policeman came. Before the case came up the City Attorney was divided between the doubt whether Dowd had attempted highway robbery or was merely a public nuisance. He was finally arraigned as a beggar, when Judge Studley settled the point of law by discharging him.

The above, clipped from a wicked Eastern paper, will arouse sensations of horror in the hearts of modern reformers, who, in their attempts to make others think as they do and act as they desire, endeavor to force their personal ideas, *volens volens*, on a sinful and contrary world. Drinking and smok-

ing, the use of alcohol or tobacco in any form, are vices not to be tolerated by the patriarchal order of Puritans or the young females with strong minds constituting the membership of our various civic reform leagues. Society seeks ever to reform what it considers immoral, and immorality may therefore be conceded to be that which is not moral. Can any one clearly define morality when it comes down to chewing, drinking and smoking? A celebrated writer once said: "Of these two (morality and immorality), one is said and not applied, and one practices what is refused by words." To be immoral is not necessarily to defy law, yet many might consider the use of alcohol and tobacco as immoral. At the beginning of the twentieth century we find one-half the world looking at the mote in its brother's eye and not seeing the beam in its own. Reform is always to be lauded.

A few years since the cigar interests, shocked by the largely increased consumption of cigarettes, subsidized dozens of journals, and even passed legislative enactments against the use of the deadly cigarette. Insane asylums were said to be crowded by cigarette fiends; almost all crimes were attributed to the excessive use of tobacco wrapped up in paper and not in a Connecticut wrapper. Yet a cold-blooded inquirer who took pains to look into and collate all the statistics of asylums in the country, found *one solitary case* where a superintendent of an asylum claimed that cigarette smoking caused the mental ailment. This was a blow to the cigar interest, yet the cigar as a cause of insanity and crime was not studied.

But why digress? Every one knows that tobacco and alcohol in excess create mental and physical dangers for their votaries, but no reform measures, so-

called, will ever cure a habit that is contracted with open eyes for the most part. Reforming is now a popular fad. You reform the other fellow but do not permit the other fellow to try to reform or counsel you. This task is the easier when backed by so-called orthodox moral influences. It is a glorious thing to know that there are hosts of people willing to reform you if given the opportunity; being perfect themselves, they have time to make all erring mortals perfect too.

We do not know what influence this Connecticut Puritan judge's verdict will exert on the vulgar masses, unless it is that they will all endeavor to borrow or beg a chew when their own plug is gone. But one fact is apparent, *i.e.*, they cannot borrow a chew from reformers who neither smoke nor chew. So, after all, the burden of the verdict falls on the wicked, and the judgment of the lower court must be affirmed by those who are truly righteous.

"Sublime tobacco! which from East to West Cheers the tar's labors or the junkman's rest."

If the revenue tax from sinful alcohol and vile tobacco were abolished by the absolute crushing out of these deadly poisons, the burden of general taxation would only fall on the truly good. Now that the courts of the country grant a man the legal right to beg for a chew, the law at once recognizes that tobacco using is not immoral; no more, in fact, is begging, providing the act of begging is done for the purpose of gratifying a laudable appetite, formerly regarded as a perverted taste. *Tobacco!*

"Divine is hookar, glorious is a pipe,
When tipped with amber, mellow, rich and
ripe,
Yet thy true lovers more admire by far
Thy naked beauties. Give me a cigar!"

And speaking of smoking, a very amusing narrative recently went the

rounds, and as some of our readers may not have read it we give it as a final conclusion for those who might smoke or use tobacco but who will not, and who ever strive to prevent the other fellow from being vicious because they cannot. We clip the following from an exchange :

"At a debate on smoking, among the members of the British Association, many speakers denounced and others advocated the practice. Professor Huxley said: 'For forty years of my life tobacco has been a deadly poison to me. [Loud cheers from the anti-tobaccoists.] In my youth, as a medical student I tried to smoke. In vain; at every fresh attempt my insidious foe stretched me prostrate on the floor. [Repeated cheers.] I entered the navy; again I tried to smoke and again met with a defeat. I hated tobacco. I could almost have lent my support to any institution that had for its object the putting of tobacco smokers to death. [Vociferous applause.] A few years ago I was in Brittany with some friends. We went to an inn. They began to smoke. They looked very happy and outside it was very wet and dismal. I thought I would try a cigar. [Murmurs.] I did so. [Great expectations.] I smoked that cigar; it was delicious! [Groans.] From that moment I was a changed man; and now I feel that smoking in moderation is a comfortable and laudable practice, and is productive of good. [Dismay and confusion of the anti-tobaccoists. Roars of laughter from the smokers.] There is no more harm in a pipe than there is in a cup of tea. You may poison yourself by drinking too much green tea and kill yourself by eating too many beef-steaks.' [Total rout of the anti-tobaccoists and complete triumph of the smokers.]

Speaking of tobacco, experiments made by the Agricultural Department, and claiming to emanate from that bureau, show that the fine flavor of Cuban tobacco is due to a special microbe, and that shortly Ohio, Kentucky

and Connecticut tobacco will be given the benefit of this new fragrant germ. What a humanitarian the chewer will then become! He will chew up the microbes by the decillions, in order to protect his reform brother from the deadly germs thus introduced by modern science to intensify the poison of the delicious nicotine. This is, indeed, progress. Let us be optimistic rather than pessimistic, and hope all things, even a Connecticut judge's verdict in a tobacco-chew-begging case, is a propitious omen of the times. T. C. M.

GREATER CINCINNATI.

The bill annexing the populous suburbs of Cincinnati has passed the State Senate and will soon become a law. This means much to the city in every way. Primarily it adds to the population and to the municipal area. It extends city government to a score or more of outlying villages, affording them numerous advantages which they do not now enjoy. As in former experiences, these will be followed by a greatly increased population. There is a constant tendency of inflow from country districts, and there should be a corresponding exodus from the city. As a city becomes metropolitan it should become cosmopolitan, and there should be held out the greatest possible attractions for immigrants. Stop, choke and throttle every cry and whimper that sounds like Cincinnati for Cincinnatians; instead, thunder aloud, Cincinnati for the world and the world for Cincinnati!

To-day Cincinnati has fewer foreign-born citizens than any city of similar size in the United States. It needs more, very many more. Cincinnati for Cincinnatians has produced a conservatism that amounts almost to stag-

nation. Activity and life in all cities must always come from without. New people means new capital, new energy, new spirit, new growth and regeneration. It means expansion and power, thrift and enthusiasm. Cincinnati has these attributes in a limited sense. Annexation means at once a city of large dimensions and many attractions. It will mean a great drawing together not only of people, but of diverse interests. It will mean new blood, new brains, and new character. It will mean an aggregation of men who will think and look out, not in. There must and will be more immigration, and there ought to be some emigration. Cincinnati has the cheapest fuel, and hence cheapest mechanical power, of any city in the world. Europe is now in the throes of a fuel famine. European manufacturers will seek a new location, and some will come to Cincinnati, but it must be made known in stentorian tones that Cincinnati is for the world, and that the world will be welcomed when it comes here. There must be no pent-up environs, but an everlasting hanging out of a good long latch string. Scarcity of fuel will cause commercial depression and make hard times for mechanics in Europe. This should be taken advantage of by Cincinnati, and the municipal authorities should see to it that immigrant passenger tickets are placed on sale in every European railway depot at lowest rates to Cincinnati.

The great railway and steamship transportation companies should be induced to foster and encourage immigration to Cincinnati. This would make lively competition among mechanics and others in the labor world, but the rivalry would be wholesome because it would be regenerating in its effect. Every new citizen or immigrant would

at once become a consumer, and hence would himself help to create a market, while at the same time as a producer he would add to the world's wants and supplies. It is easy for Cincinnati to take in and assimilate from fifty to one hundred thousand new people every year.

Between 1830 and 1840 more immigrants came to Cincinnati than constituted the entire population of 1830. A similar doubling took place between 1840 and 1850, and those were the years of Cincinnati's greatest prosperity. There was no trouble experienced in caring for the new comers at that time, nor will there be again under similar exigencies. Give the city an opportunity for similar expansive processes and they will be lovingly embraced every time.

Cincinnati for Cincinnatians? No, not by a modern long shot; but Cincinnati for the world and all that is good in it. Shout the hurrah, but don't forget to place the immigrant tickets on sale in every European railway depot, with flaming posters that tell of the advantages and inducements offered by the great inland city of Cincinnati. Greater Cincinnati has more than half a million people within its boundaries, and let it be known that the kiyi's that yelped when they saw the crowd coming are either dead or dying of grip. The men and women who were afraid of new people because perchance some were foreign born are not at home, and their stay away has been indefinitely prolonged.

Greater Cincinnati will soon have a new Mayor and municipal government, and a new era will be inaugurated. New movements will be made, and new people will help to make them. When new people begin to come in and ask new questions there will at

first be some natural surprise, for the old ones have not been used to such sounds; but they will come if given just half an invitation. The C. & O., B. & O. and Pennsylvania Railways can and will do the business, but it must be opened up, and they will be glad to help. Think what it would be to Cincinnati to see coming into the city fifty to sixty thousand immigrants every year, or even twice that number, which would be one to two thousand every week! There is not an industry or interest of any kind in the city that would not be favorably influenced and stimulated by the impulse that such a movement would impart. Yell Cincinnati to every railway depot-master and agent in all Europe, and yell it so loud that the echo would ring in his ears ten hours every day in the year.

Cincinnati needs regeneration through our near neighbors across the Atlantic, and those very same neighbors need the warmth and heat of Cincinnati coal and furnaces. The needs of both parties are immediate and pressing. Where, oh, where is the Cincinnati Commercial Club, Chamber of Commerce, Business Men's Club, Board of Trade and Manufacturers' Club? Let them get together, act in unison and rend the air with a municipal tom-tom, telling all the neighbors, including those across the Atlantic, of the true greatness of Greater Cincinnati.

EDITORIAL NOTES.

THE Medical Bill passed the House of Representatives in Columbus by the following vote:

YEAS.

Ankeney.	Kreis.
Atherton.	Le Fever.
Berry.	Longworth.
Breck.	Love.
Buell.	McCurdy.

Castle.
Chapman.
Clark.
Clement.
Cline.
Clyburn.
Cole.
Comings.
Crafts.
Davies.
Davis.
Denman.
De Ran.
Duval.
Finck.
Gear.
Gehrett.
Glenn.
Griffin.
Hagenbuch.
Hammil.
Hater.
Hendley.
Heywood.
Hoffheimer.
Holaday.
Hunt.
Irvin.
Kinsman.

McGlinchey.
Melber.
Middleswart.
Myers.
O'Neil.
Painter.
Partington.
Phare.
Pollock.
Pool.
Rankin, of Fayette.
Rannells.
Riegler.
Roberts.
Ross.
Rothe.
Russell.
Saffin.
Saylor.
Schmieder.
Seese.
Sharp.
Smith, of Cuyahoga.
Snyder.
Swain.
Tilden.
Willis.
Wilson.
Mr. Speaker.

Total..... 68

NAYS.

Adkins, of Allen.	Mackenzie.
Ainsworth.	McKee.
Allen.	Magee.
Arthur.	Manchester.
Bartlow.	Mauck.
Bell.	Metzger.
Booth.	Price.
Brown, of Mercer.	Rankin, of Clark.
Brown, of Paulding.	Raub.
Demuth.	Silvey.
Garrison.	Smith, of Delaware.
Goard.	Thomas.
Gray.	Walters.
Hunter.	Warwick.

Total..... 28

NOT VOTING.

Adams (absent).	Adkins, of Pickaway.
Armstrong (absent).	Duff.
Brumbaugh (absent).	Haner.
Collier (sick).	McCormick.
McKinnon (sick).	Merion.
Wells (sick).	Simpson.
Whitacre (sick).	Tuller.

No. of Representatives in State.. 110

STATE AND DISTRICT MEDICAL SOCIETIES.—These organizations are manifesting signs of activity. There is no trouble experienced by the officers in getting all the papers desired, and often it becomes a question of exclu-

sion, which means good papers and profitable discussions.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

German in the Public Schools.

This from a Chicago paper: "Superintendent Andrews is to be commended for his courage and good judgment in recommending the dropping of German from the studies of the public school curriculum in the event that it is found necessary to curtail the studies somewhere. The German courses doubtless could be spared the best of any. It took courage on the part of Dr. Andrews to make this recommendation because of the very large number of Germans in Chicago who are supposed to desire the teaching of their native tongue in the public schools. The great majority of German-born citizens are good enough educators, however, to recognize that the chief consideration in deciding upon courses of study should be educational value and not the wishes of any particular element of the population. German can be taught with much profit to students in the more advanced classes, but like any other foreign language, German is a desirable accomplishment and not a necessity of English education. Therefore, when the common branches of learning are threatened for lack of funds, German should be dispensed with to prevent the crippling of necessary branches of study."—*Public School Journal*.

Influenza and the Thermogenetic Centre in the Base of the Brain.

A number of the cases observed during the present influenza epidemic have exhibited no further symptoms than those of high temperature, unaccompanied by headache, arthritic pains, or any signs of catarrh of other organs. The attacks of pyrexia were generally of very sudden onset, with rapid rise of the body temperature, and were either single or relapsing. In one case 106° was reached in a few hours, and in about double the time it came to normal again. In another instance, although the patient was kept in bed

DR. A. C. BERNAYS, than whom no more brilliant or accomplished surgeon ever practiced in St. Louis, writes as follows:

"It is a well-known fact, frequently observed by all physicians, that granulating surfaces as well as fresh wounds, the result either of accident or of operations, become infected with septic germs, which give rise either to erysipelatous pyemia or phlegmonous inflammations; or they may be of a kind which produce milder subacute inflammation, which retards the healing process, often leading to weeks and months of indolent suppuration.

"Since the remarkable preparation called Campho-Phénique was brought to my notice, some two-and-a-half years ago, I have been using it in its pure (unadulterated) state on absorbent cotton and gauze as a dressing for all wounds and I now desire to state that since that time my cases have been entirely free from the forms of infection above referred to.

"This preparation commends itself to the medical profession for the following reasons:

"1. Because it is the result of scientific experimentation by scientific men.

"2. Because the tests as to its efficiency as a germicide were conducted in a scientific manner by scientific chemists and bacteriologists.

"3. Because the preparation was introduced to the medical profession in a proper ethical manner, without exaggerated claims and unprofessional horn-blowing in the journals and newspapers."

Some years later, Dr. Bernays writes to a brother practitioner, who asked his opinion of Campho-Phénique, as follows:

"My Dear—, I am requested to say to you what I think of Campho-Phénique. It is undoubtedly a most valuable antiseptic, and its province of usefulness is found in all cases where a direct application to a wound can be made. It does not interfere with the achievement of healing by first intention. As a substance to be used on a wound, where the intention is to prevent the entrance of septic germs, it has no superior or equal."

A PROFESSIONAL OPINION.—In a recent letter to Micajah & Co., Warren, Pa., Dr. George E. Gilpin, Berkeley Springs, Col., says concerning their preparation: "After years of constant use of Micajah's Medicated Uterine Wafers, I feel constrained to add my testimony as to the very great value of the remedy in prolapsus uteri, congestion of the organ, vaginal discharges and kindred troubles. My experience in their use has been very extensive and I have long felt that I owed you an expression of my appreciation of their merits."

throughout, eighteen hours, almost precisely, elapsed between the onset of the pyrexia, three hours seeing the temperature rise to 104° or 105° , then for nine or ten hours violent sweating and a fall to normal, at which it remained until the eighteenth hour saw it rise again. These paroxysms were unaccompanied by any other symptoms save restlessness while the temperature was rising, or by sweating as it fell. The appetite was good, the breathing quiet, the pulse no quicker than the rise in temperature called for. In this case quinine proved a specific; alkalies, antipyrin *et omne hoc genus* failing. As a rule, quinine has little effect on influenzal attacks, although useful beforehand as a preventive; in fact, it seems that where catarrhal processes have been induced by the poison it fails to benefit. It is difficult to understand how the *materies morbi* can be present in such strength as to cause intense derangement of the thermotaxic mechanism without affecting other organs of the body, and apparently other parts of the central nervous system. The influenzal poison certainly picks out the weakest part of each organism, but when it confines itself to the temperature centres (and to do this a supply of bacilli and toxin must be present in the circulating fluids), it closely resembles ague, the more closely in that under such circumstances it yields to the action of quinine. The organism of influenza, therefore, would seem to be more catholic in its tastes than that of malaria, finding congenial sites in various tissues in which to set up changes, which vary with the parts affected, and result in inflammations, mild or intense; disorder of function, up to apparent insane actions on the part of individual nerve centres. When the result is pyrexia simply and is only during one attack, antipyrin, etc., suffices; when periodic, quinine arrests the process; when complicated with inflammatory action, these and other remedies in suitable combination are called for. There is no sense in laying down, anyhow, as to what one drug or method is *the* way to treat influenzal attacks; as the nature of the seizures varies so profoundly,

so must our treatment. The only general law which may be possibly invariably true is, stimulate and feed as much as may be.—*Med. Press and Circular.*

Influence of Cooking on Man.

Bad cooking is the cause of innumerable evils. Few people are taught to consider the results either of good or ill feeding. Happily for us all, appetite, in this matter, is not an entirely mischievous guide. A memorial has been presented to Congress to establish a Bureau of Domestic Science. The memorial calls attention to the vast outlays of the government to investigate the source of food supplies and methods of production, and asks of what value is this if the food product is ruined in cooking, through ignorance.

The object of food is to render natural food products, "which by themselves and in their original state would be either indigestible and unwholesome, or unattractive and injurious to man," nutritious and palatable. As the widest definition of the *objects* of cookery, Thudichum gives "*the preparation of food in such a manner that man shall derive the greatest nutrition and esthetic advantage from its consumption.*" "In all latitudes," he says, "cookery has to accommodate itself in an infinite variety of ways to the *ages, conditions, and fortunes* of men; it has to consider not only the mere nutritive value of its products, but their esthetic value, which may be defined as value arising from the liking or disliking that various persons with certain natural or acquired tastes manifest toward certain products and preparations."

The difficulties are only increased when we consider the nature and composition of the several kinds of food, the proper combinations to produce desired effects—how different articles need different methods of treatment, and exposure to heat and moisture, in different ways and at varying degrees of temperature. The action of heat, chemical action, the processes of fermentation, disintegration, and concentration—all are of concern in the preparation of food.

Small wonder, then, that failure marks so often our crude attempts to provide suitable nutriment for delicate organisms; for cooking, in its higher significance, has become a fine art, no less, save perhaps in degree of skill required, than the harmonious blending of colors.

On one occasion the great Dr. Johnson pronounced the mutton on which he had dined while traveling from London to Oxford "as bad as could be, ill-fed, ill-killed, ill-kept, and ill-dressed." The doctor himself had been a victim of malnutrition. Macaulay says:

"He ate as it was natural that a man should eat, who during a great part of his life had passed the morning in doubt whether he should have food for the afternoon. The habits of his early life had accustomed him to bear privation with fortitude, but not to taste pleasure with moderation. He could fast; but when he did not fast he tore his dinner like a famished wolf, with the veins swelling on his forehead, and with perspiration running down his cheeks. He scarcely ever took wine, but when he drank it, he drank it greedily and in large tumblers. These were, in fact, mitigated symptoms of that same moral disease which raged with such deadly malignity in his friends Savage and Boyse."

The first step in a reform is the recognition of the cause of distress. Do the people of America, in general, realize to what an alarming extent *bad cooking* is a source of harmfulness and wastefulness? Our recent experience only adds to the certainty of the conclusion. The most scientific physiological deductions prove "that perfect cookery is the greatest economy, and that no cookery is rational that does not attain the utmost theoretically possible effect, namely, the production of the highest physiological force."

A writer in a popular English journal remarks:

"I maintain that long-lived people instinctively eat the proper food to insure longevity, and also that their instinct may be cultivated and improved to the benefit of the individual. Every man in time gets to know the diet most

suitable to him, and, if he has strength of mind, to follow its benefits. Of course, I am not going to lay down a general rule of diet, except that, generally, meat, vegetables and fruit are better than starchy foods, containing as they do less minerals, which eventually choke one up and lead to an ossification of the system.—*Boston Cooking School Magazine*.

Senile Epilepsy.

At the "Medical Club" Redlich brought forward the subject of senile epilepsy, in which he endeavored to prove that early attacks of epilepsy in life were the prodroma to the final "insult" which was commonly attributed to preceding hemorrhage or general enfeeblement. To this form of epilepsy belongs cerebral tumors and the presence of cysticerci, of which he recorded two of the latter coming under his own immediate observation.

True senile epilepsy in its symptomatology differs little from that occurring in the young. Its etiology is usually traced to heredity (which Redlich considers very doubtful), injury to the cranium, alcoholism, acute infectious disease which is rarely met with, and chronic cerebral disease. Redlich here related a case of the latter disease which recently came under his notice. The patient had suffered from psychosis for a long period, till one day, quite suddenly and unexpectedly, he took a fit, which persisted ever afterwards. One of the most important factors in the production of senile epilepsy is undoubtedly arterio-sclerosis, which Naunyn has so emphatically asserted as the only cause. Compression of the carotid can hardly be denied as another very potent agent in its production, as anemia of the brain is produced analogous to experiments carried out in animals. This leads us to consider another type of cardiac epilepsy arising from some imperfection of the heart. In contrast to the anemic theory of epilepsy we often have described a congestive form. It has been asserted from this connection of heart disease and epilepsy, that the former is the cause of the latter, which Redlich will not accept, but assumes that two

diseases co-exist, and that the treatment of epilepsy should not be bromide of potassium for the fits, but rather some hematic or cardiac drug.

In the pathological anatomy of senile epilepsy there were often found a number of lesions, and he described some where he has met with "miliary sclerosis," but he would not speculate on the value of its presence.

To differentiate senile epilepsy, the history will often be found incomplete. In one case of his own there was present left-sided hemiparesis, where subsequently a morbid centre was found in the right hemisphere of the brain. In many other cases he has met with difficulty of speech, being followed by the epileptic fits, which often closely resembled progressive paralysis.

In other cases of the same class, amnetic aphasia is often followed by similar attacks. It has been asserted that this epilepsy never proceeds to dementia, but Redlich is unwilling to discuss that hypothesis. Lauterbach thought that a causal connection existed between heart disease and epilepsy, and cited a case of congenital cardiac fitium with dextrocardia in his thirty-seventh year, becoming affected with epileptic fits.

Schlesinger had for many years collected a record of cardiac affections in connection with epilepsy, but failed to find any direct cause and effect.

Redlich thought Lauterbach's case of epilepsy in connection with heart affection too remote for substantiating proof. — *Vienna Cor. Med. Press and Circular*.

The Prophylactic Treatment of Puerperal Fever.

Prof. Döderlein in a paper in the *Therap. Monatsch.* strongly advises the use of india-rubber gloves in cases where manual interference is necessary as well as the usual means for insuring absolute cleanliness. Treatment has not, he says, gone hand in hand with bacterial knowledge, nor has it advanced equally with prophylaxis, but it has distinctly advanced with the aid of bacterial knowledge. In all cases of puerperal infection the infective germs can be demonstrated in the interior

of the uterus. The variation in the clinical symptoms depends on the variety of bacteria and their poisonous qualities. One thing, however, is constant, the temperature and the cardiac activity form the first and most exact indication of the condition. These objective signs render possible a timely causal method of treatment.

If one proceeds on the assumption that the primary disease is in the uterus, by the time these symptoms above named show themselves, the bacteria will already have invaded the tissues, the lymph tracts, the glands and blood vessels, where they can be further followed up. There appears, therefore, a prospect of fighting the infection only when the uterus can be properly cleared out and disinfected in the first stages of the disease. Opinions, however, are not at one as to the best way of doing this. We scarcely know what remedies are effective, but one thing we do know and that is that on account of their dangerous qualities we must abstain from such highly poisonous antiseptic solutions as sublimate and carbolic acid. Ahlfeld has recently recommended alcohol, and the writer had made use of a 96 per cent. solution.

As regards antistreptococcus serum, his experience, contrary to that of many, had been favorable, and, for the future, he would not omit its employment in any case of streptococcus infection. The remedy was, however, of use only against infection with streptococci, so long as no deleterious consequences of a general or local kind had taken place.

As regarded symptomatic treatment, in his opinion, the free employment of antipyrin was the most trustworthy. In certain rare cases total extirpation of the uterus recommended by Schultze was justifiable and successful. In illustration of this he reports two cases in which he performed the operation with success. — *Paris Cor. Med. Press and Circular*.

SYCOSE, having a sweetening power 550 times greater than that of sugar, is the newest substitute offered in diabetic conditions. — *Med. Summary*.

Translations.

STAMMERING IN MEDICAL LITERATURE.

BY PAUL OLLIVIER, PARIS, FRANCE.

TRANSLATED BY THOS. C. MINOR, M.D.,
CINCINNATI.

To the eyes of the vulgar it is an easy matter to recognize a stammerer. It is less easy to give stammering an exact and scientific definition and to indicate its intimate mechanism. It is for this reason, without doubt, that the generality of medical practitioners, at all times, have shown a great indifference to this affection, and that the empirics of all countries have almost exclusively monopolized its treatment. Yet we have here a class of very interesting patients, abandoned in the majority of instances to their misfortune, persons who are thus often deprived of the habitual pleasures of sociability, and likewise reduced to an inferior condition in the ordinary struggles of life. The subject of stammering is, then, not valueless, if we measure the progress made in the therapeutics of this affection up to the present day.

I.—HISTORICAL.

Without going back to Demosthenes, who, it is claimed, cured himself of a vice of elocution that has been much discussed, we find, in the eighteenth century, Hahn, Santorini, Delius, Morgagni, for whom stammering was due to an anomaly of the hyoid bone, the styloid apophysis, or a dividing in two of the veil of the palate.¹

Sauvages attributed psellismus to the fact that when it was necessary to pronounce the guttural letters like *K* and *S*, the air, instead of being expelled by an explosive action, is retained some time by the palatine arch, the uvula and the root of the tongue. As for Itard (1817), stammering was a spasmodic affection due to weakness of the motor muscles of the tongue and larynx; for Felix Voisin (1821), an irregular action or

imperfect action of the brain on the muscular system of the organs of pronunciation.

Magendie¹ considered it useless to search for the cause of stammering; it was an organic instinct that made stutterers, and any explanations that might be given were illusory. Rullier believed it arose from an exuberance of thoughts and discordance with the possible rapidity of movements of articulation. Astrie was of the same opinion. In 1828 Magendie made a report to the Academy of Medicine on the method of Leigh Malbouche, that consisted in raising the point of the tongue to the palate, for "at the moment stammerers are forced to articulation without success their tongues are found on the floor of the buccal cavity." MacCormac observed in 99 per cent. of the cases the subject made fruitless efforts to speak when the lungs were collapsed or emptied of air. Serres considered stammering as a chorea of the muscles of articulation, with tetanic rigidity of the muscles of the voice and respiration (1829). The same year Deleau claimed that stutterers had not firm will power and an insufficiency of nervous influx. Real brevity or a faulty disposition of the tongue seemed to be the true cause of stammering, according to Hervez and Chegoin, and this for Arnolt was a spasmodic contraction of the glottis. The theory of Colombat,² who instituted an orthophonic institute at Paris in 1828, was that of his two predecessors; there was too much nervous influx, or a chorea of the articulating muscles, or tetanic stiffness of the muscles of respiration, especially those of the larynx and pharynx.

In 1832 Charles Bell stated that the stammerers experienced no difficulty in pronouncing vowels and liquid consonants. Muller insisted on the spasmodic occlusion of the glottis, on the pathological association of movements of the larynx and tongue, on the tendency of the patient to repeat explosive consonants. If the articulation is of that sort, it is, according to Yearsley

¹ V. Guillaume: Article, "Stuttering" (Bégaiement), in "Dict. Enc. des. Sc. med." *Essey* frequently used by the author.

¹ Magendie: Article, "Stammering," dictionary in twenty-five volumes, 1821.

² *Traité d'Orthophonie*, 1830.

and Braid,¹ by reason of a hypertrophy of the uvula and tonsils.

Dieffenbach saw in stammering a spasmodic condition of the air passages, principally of the glottis, communicated to the tongue, to the muscles of the face, and to the neck.

Velpeau noted among certain of these cases an unusual depth of the palatine arch, that made it impossible for the tongue to mold itself against the palate. For Amussat the tongue was slightly immovable; besides, it swerved from one side to the other.

Bonnet admitted as a principal factor of this affection a nervous disease, and as to local phenomena, three distinct kinds of functional troubles, *i.e.*, irregular movements of the lips and cheeks, contractions of the tongue, disorder of respiration. The primitive nervous malady was regarded, without proof, moreover, as having definitely disappeared, leaving the vice of pronunciation persistent. Abnormal movements of the tongue are really spasmodic; those of the lips are only so in appearance, since they are under the dependence of the will; the stammerer, in fact, has only to stop speaking and the labial spasms will disappear. This reasoning is likewise applicable to the tongue, but the operator had too many interventions to practice if he followed up this hypothesis, and so is forced to declare that the respiratory troubles are altogether independent of those of the tongue.

Becquerel² has written a whole volume on this subject. Therein we read: "Sound is produced in the larynx, and the buccal and nasal cavities articulate it by their change of capacity, by the obstacles they oppose to the sonorous undulations expanded in some way in the mouth, these sonorous undulations being, generally, accompanied in the normal condition by an expiratory souffle, at least whenever the lips and tongue are not interrupted for an instant by the expulsion of air through the oral cavity; but this little souffle or blowing that thence goes forth is useful for the

letter it is desired to pronounce; it is still always slightly apparent" (?)

In the stammerer the thoracic walls are depressed too soon, and bring about the expulsion of a very large amount of air that was needed for speaking. This excess of air opposes the free play of the tongue and lips; it deranges the sonorous waves or sounds that result from the formation of the voice. The first cause of stammering is, then, the perturbation in the action of the thoracic muscles. Becquerel was forced to translate into scientific language the idea of his cure of the mechanic workman Jourdan, for whom "stammering was due to what we use in blowing out, and not in sound, the air contained in the chest."

Graves explains stammering as a spasm of the muscles charged with directing the column of air across the opening of the glottis. The larynx closing too often, speech is committed in a jerking voice. So a natural inflammation, or one artificially produced on the mucous membrane that covers these muscles, renders muscular spasms impossible and brings about a cure; this sometimes occurs in a stammerer who becomes consumptive.

Rosenthal³ considers stammering as a neurosis of coordination. Ore⁴ was a partisan of Bonnet's theory, claiming the persistent local lesion is an abnormal contraction of the genio-glossals, or a too great shortness of the tongue.

In 1867, Chervin, master of the school at Lyons, to whose memory a monument is about to be raised, whose method made so much noise in the world, did not support, and for a reason, his therapeutic procedures upon any theoretical consideration. He described, as predisposing factors, hysteria, chorea, epilepsy, gout, scrofula, eclampsia, convulsions, etc.⁵ The only information we have relative to the ideas of this practitioner are to be found in a report made to the Academy of Medicine by Moutard Martin.⁶ Let us cite, without amending its exactitude, the first phrase:

¹ Wiener med. Wochensch., 1821.

² Article "Bégaiement," in Jaccoud's Dictionary.

³ Cited by Guillaume.

⁴ Bulletin Académie de Médecine, 1874.

¹ Lancet, 1840-1841, II, p. 587.

¹ "Traité du bégaiement," 1843.

"For the first time, we note the intervention of respiratory troubles, but it appears they have been placed too much in a secondary line. Stammering is an intermittent choreic condition of the apparatus that presides over articulated phonation, the respiratory act being included. Chervin had drawn into anterior practices to the science the elements he grouped, and upon which he based his method."

Pouchon,¹ a student of stammering, brought the causal theories in two, *i.e.*, cerebral origin and peripheral origin. To him this affection is a slight chorea that involves the lips, tongue, veil of the palate, face and respiratory muscles. It is analogous to a labio-glossal pharyngeal paralysis, where one finds lesions of the great hypoglossal nerve, either spinal or facial. Instead of a paralysis, there should be purely functional trouble in stammering. It might then be defined as a labio-glossal laryngeal ataxia.

In 1875, on the protestation of Colombat's son, who had viewed with bitterness the marked approbation given by the Academy of Medicine to Chervin, his rival, Moutard Martin² reopened the question. We learned nothing new in his report, except that Folet claimed stammering was the result of a nervous centric trouble, without appreciable lesion, having its point of origin in the four nerves of phonation. The reporter adds: "One cannot treat stutters. We must educate them."

A. Guillaume recognizes as the cause of psellism "a defect of association in the play of the muscles whose concurrence is necessary for pronunciation" (muscles of respiration, of phonation, and of articulation). After a very detailed study of these divers phenomena to the normal condition of the stammerer, he adds: "To have shown that the affected muscles moved by disordered contractions when they act, to agree in an act of phonation, to the contrary, in a fashion absolutely normal when they concur in acts foreign to speech, is to show sufficiently that the cause of the disorder comes from further off. It re-

sides, from all evidence, in the apparatus that reacts and coordinates contractility in the nervous system. Stammering is then a neurosis; its intermittence suffices, besides, to prove this."

For Bryan³ stammering habitually consisted in the attempt made by a person to articulate an elementary sound when the vocal organs remained in position for the emission of the sound that preceded in the same syllable. Summer improves the condition of many stutters; stammering is more intense in the morning than the afternoon. As for causes, the author cites: Whooping-cough, laryngeal spasm, irritation, grave acute maladies during which the subject has not spoken and is left in a state of great weakness. Heredity has been noted in many instances, as well as traumatism of long standing, that have led the subject to suppose that certain sounds could not be articulated.

Apropos of a stammerer presenting coordinated tics of the lips, body and arms, Letulle⁴ says: "Stammering is a tic of speech the origin of which must be sought in a functional trouble of the nervous centres, as are tics in general." The stutterer is in a pathological cerebral state which, slight as it may be, is nevertheless indubitable.

Stammering is attributed by Kussmaul⁵ to the fact that the current of air necessary for speech has not sufficient force to overcome the muscular vocal and consonantic tension. The respiration is poorly effected, and there is spasm of the vocal muscles.

In his thesis⁶ and an article published two years later, we may deduce the ideas of Pons Simon upon an affection by which he himself was attacked. Stammering was a neurosis characterized by respiratory arrhythmia and an intermittent spasm of muscles controlling the utterance of articulated words. This physician closely studied the subject, without curing himself, however: alone and in darkness, he did not stutter:

¹ Weekly Medical Review, June 16, 1883.

² Gazette Médicale de Paris, 1883.

³ "Troubles de la parole," 1884.

⁴ "Essay sur le bégaiement," Thesis Montpellier, 1884.

¹ Marseille Médical, 1874.

² Loc cit.

he could recite hundreds of verses without stammering, because, says he "in declamation there is rhythm and harmony." He especially insists on the hereditary etiological factor. He observed families that had several stammerers; and, according to him, when all the children of a family are not stutterers they are neuropathic.

According to Matheson,¹ we turn to the local causes of stammering, that is especially produced by the presence, in infancy, of adenoid vegetations or nasal affections (hypertrophy of the ethmoids or turbinated bones, or hypertrophic rhinitis). The spasmodic movement of the muscles of the throat is due to a reflex irritation.

Sabrazes² made an autopsy on a woman, the daughter of a stammering father and a stammerer herself. There was nothing abnormal about the tongue; the back of the throat, the floor of the mouth, and the larynx were normal. In the brain the circonvolution of Broca was more developed at the right than at the left side; it spread over a much larger surface; it was furrowed by deep grooves, taking a more accentuated shape. Without insisting on this unique fact, we note, in the same article, the following indications. In a case stammering has been attributed to a tumor compressing the hypoglossal. Luys attributes it to lesions of the cerebellum, Jaccoud to trouble in the olivary bulb. Charcot has noted it coming on after the invasion of the spinal cord by tabetic degeneration of the posterior column. In 1885 Dubreuilh reported a case of atrophy of the third left frontal in a stutterer; and Lichtsinger explains stammering by predominance of the excito-motor system on the cerebral system.

In stammering we meet, according to Fere,³ troubles of mobility and a weakness of the tongue, not only during articulation, but also during the more simple movements, which is proven by traces taken by the glossograph. It is,

then, probable that exercises of strength and quickness in these movements, that have nothing to do, apparently, with articulation, may become capable of favorizing the precision of movements of articulation.⁴

Druene⁵ was only occupied with stammering among hysterics, and, from this standpoint, viewed it as a neurosis. It arises, as viewed by Chervin,⁶ the son, from troubles of coördination in the movements of the organs of speech, without any anatomical lesion.

There are, for Colman,⁷ two groups of vices of pronunciation: (1) the spasmodic case (stuttering); (2) cases where it is clearly an impossibility of producing particular sounds (stammering); and it is wrong that, in English works, they confound the two species under the common term as the latter. Sometimes the two disorders are associated. Stammering is frequent among epileptics and persons of defective mental development. In general, two causes act: (1) a spasmodic action of certain muscles of articulation; (2) an imperfection of obligatory synchronism of the laryngeal and articulating mechanisms. Stammering over the vowels is rare. Emotions, excitation and alcoholism increase the fault.

The general and local causes, according to Wyss,⁸ appear equally as active. He speaks, in fact, of excessive nervous impressionability, of anatomical defects of different organs controlling phonation, weakness of psychal control of such organs. Hysteria, heredity, habit also play important rôles.

The opinions of Rabiner⁹ appear to be those of Pitres; many stammerers are hysterical, and it is always necessary to investigate this neurosis.

Coen,¹⁰ whose numerous works on the subject extend from 1872 to 1897, occu-

1 Bulletin de la Societe de Biologie, 1890.

2 These de Paris, 1894.

3 "Bégaiement et autres défauts de prononciation," 1895.

4 "Stammering and Other Impediments of Speech," Lancet, 1895.

5 Revue hebdomadaire de Laryngologie, 1896.

6 "Mutisme et bégaiement chez les hysteriques," These de Paris, 1896.

7 "Zur pathologie und therapie der stotterub," 1897.

1 British Med. Journal, Sept. 1, 1888.

2 Journal de Medecine de Bordeaux, Dec. 1, 1889.

3 Nouvelle Iconographie de la Salpetriere, 1890.

pies an important place in this historical outline. He claims that stammering depends on the diminution of air pressure in the lungs, following a vice of innervation. He shows that among his patients several had the following symptoms: denutrition, malformation of thorax as in the case of emphysema, superficial irregular respiration without pulmonary affection, emaciation, and a weakness of the respiratory muscles.

The memoir of C. Biaggi,¹ on the affections of the nose and larynx, is interesting, inasmuch as the author, through the complete documents that he has amassed to collate his work, gives us the following: "If Colombat," says he, "has met in six hundred stammerers no deficiencies in the organs of articulation, it was because his methods of observation were imperfect." Weitzer noted an abnormal disposition of the tongue; Berkhan saw the cause of the psellism in the irregular form of the palate and the defective position of the teeth. For Klencke stammering was the result of scrofula. Winckler and Kafemann believed in a cervical micro-polyadenitis. When we consider the framework formed by the palatine arch of Berkhan, the ganglionic pleades of Kafemann, the phthisical diathesis described by Coen, we necessarily think of the syndrome presented by those who have a nasal obstruction from chronic pharyngitis or hypertrophic rhinitis. This morbid condition accompanies, besides, facial defects, thoracic alterations, intellectual troubles and general denutrition. Seventy-five per cent. of the stutters treated by the Italian author suffered from respiratory insufficiency. This insufficiency may be due to a hypertrophy of the lymphatic network of Schwendt, an exclusive hypertrophy of the palatine tonsils, the pharynx and nasal mucous membrane, or to some bony stenosis of the nose. Among 75 per cent. of these stammerers, 33½ per cent. had hypertrophic rhinitis; 20 per cent. adenoid vegetations; 16 per cent. hypertrophy of the lymphatics. Kafemann found

vegetations among 46 per cent. of stammering children, Schellenberg 50 per cent., Winkler 30 per cent., and Gutzmann 50 per cent. We have seen one case of ozena in ninety stammerers. Bresgen likewise considers naso-pharyngeal affections as the most important factor in developing stammering. Here is the pathogeny of the affection. The child who has, by reason of a naso-pharyngeal obstruction opposing the action of numerous muscles useful for language, must make exaggerated efforts; its nervous centres give a false and abnormal impulsion that, repeated, brings about an alteration of function. Modifications, produced by nasal obstructions upon the sanguinary and lymphatic circulation and the sinus of the dura mater, may have an influence on the centres of language easily vulnerable if they are predisposed by some hereditary strain.

Makuen¹ has reviewed the local lesions presented by 140 stammerers; the frenum of the tongue was found to be too short in one case; four times the genio-glossal fibres were likewise short; the palatine and pharyngeal tonsils were often hypertrophied; intranasal lesions were frequent; catarrh of the throat and nose the rule. Among the causes he likewise admits heredity (one-third of the cases), irritation, fright or injuries. Stammering might be, in fact, some perturbation in the cortical mechanism or language, or in the nervous system uniting the cortical mechanism with the two peripheral mechanisms—voice and articulation.

Apropos of a complex case of stammering with pharyngo-esophagean spasm, Jacquet² expresses the opinion that there was in this instance spasmodic occlusion of the glottis, after having defined stuttering as clonic spasms of the articulating organs, characterized by the repetition of a sound before the organs can continue the necessary movements for the production of the following sound, generally a consonant; while stammering is a more marked tonic spasm of the same organs, that are, for some

¹ Therap. Gaz., 1897, et Revue Internationale de Rhinologie. 1898.

² Bull. Soc. med. des hôp., 1898.

¹ Archiv Ital. di otologia, 1897.

seconds, incapable of separating to pronounce a vowel.

One author, W. Scheppegrell,¹ considers the affection as a functional trouble of the centres of language. Local lesions favor its development, but cannot alone cause the vice that necessitates for its establishment certain physiological and psychological conditions.

In his thesis Thomas Derevoqe² insists on respiratory deficiency, weakness of will; there is often in a stammerer an inhibitory spasm of phonation—a phobia of words.

Gutzmann³ considers stammering as a neurosis of spastic coördination, its seat central; it is a functional vice. There is no lesion, but a weakness of cerebral function, abnormal obstacles being often found in the respiratory passages. This German calls stuttering the disease that calls k-k-k-ape for kape, and stammering those who pronounce tape or pape. Only the first would be a stutterer, the second presenting a particular dyslalia. We also find in this brochure the various theories of divers physicians mentioned. Denhardt and Heymann considered stammering as of a purely psychal order; troubles of articulation are voluntary; there is a fear of certain sounds. For Berkhan, Oltuzowski and Scikorski the psychal element is of little importance, and the vice of pronunciation is due to the incoördinate character of the movements. Treitel regards the articulatory movements as involuntary and spastic. Grunbaum believes it due to a functional process of the centre of language, speech being normal when there is no emotion; effort brings on voluntary muscular cramps. Gutzmann insists on respiratory troubles.

All others are of the opinion of Liebmann;⁴ the troubles of respiration are secondary, in part occasioned by emo-

tion, in part due to a defective articulation. There are exaggerated muscular and voluntary movements, but the contractions have a spastic character. We find among stammerers the influence of nervous habit, and a weakening of the centres of language.

Recently Scheppegrell¹ has collected some new material tending to demonstrate the neuropathic origin of stammering.

Finally, Makuen,⁵ speaking of one of his cases, considers stammering as a congenital neurosis attacking especially the nerves of the respiratory muscles, and not those of the pharynx; the spasm of these later is secondary, due to a too full nervous energy in the respiratory and vocal mechanisms.

[Concluded next week.]

Infection of the Fingers.

In an infection of the fingers, especially of the palmer aspect, make a longitudinal incision, preferably to either side of the tendon, and keep the wound open with gauze packing. If the periosteum has been invaded, incise down to it early, and it will often be possible to save the phalanx. Remember the tendency of these infections to invade tendon sheaths. If this has taken place, open the same early, remembering the anastomoses, and especially those of the thumb and little finger.—D. EISENDRATH.

Club-Feet of the New-Born.

The club-feet of the new-born are easy of diagnosis, but attention is necessary, or else light degrees of pes planus or varus will be overlooked simply at a time when correction is marvelously easy. Hernia of the navel is once in a while difficult to diagnosticate, as simple as it would seem it ought to be, but sometimes the folds of the skin are so prominent as to simulate hernia. The safest is the rule given before—treat as though the worst possibility existed.—M. HARTWIG.

¹ "Stuttering, Stammering and Other Speech Defects," 1898.

² "Le bégaiement et son traitement," Bordeaux, 1898.

³ "Ueber die Verhütung und Heilung der wichtigsten Sprachstörungen," München, 1898.

⁴ "Vorlesungen über Sprachstörungen," Berlin, 1898.

⁵ "Neuropathic Origin of Stuttering," 1899.

⁶ American Laryngological Association, May, 1899.

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WHOLE VOLUME LXXXIII.

Original Articles.

SOME PRACTICAL POINTS IN THE DIAGNOSIS AND TREATMENT OF THE COMMONER FORMS OF FRACTURES.*

BY LOUIS A. STIMSON, M.D.,
NEW YORK.

Mr. President and Gentlemen:

I feel very highly complimented by the invitation to appear before you this evening, and the kind words—the flattering words—with which I have been presented to you are very highly appreciated. But I feel that a word of explanation is perhaps necessary in connection with my appearance on this platform, for when a man travels fifteen hundred miles to appear before a gathering of the character and ability of this, it might fairly be assumed that he comes before you with a paper, carefully prepared, upon some subject that will be an important contribution to the science in which we all are interested. But, as you see, I come before you empty-handed, and I think out of regard for you, my audience, a word of explanation is in order.

When I received the invitation from your worthy President to be present with you this evening I was highly pleased, and thought I should be glad indeed to come, but when I realized that an address was expected from me I felt very much in the same spirit as the literary aspirant who said:

"If I had pen, and pad, and ink,
And time and ideas and a nook
In which to do it undisturbed,
I think I'd try to write a book."

That was about where I stood. Some of the things I had, but the time and ideas were not at my disposal. I therefore replied that I regretted very much that I should have to decline his flattering invitation. But Dr. Mitchell, who, I am inclined to think, is in the habit of having his own way, replied that he was very glad to hear that I was coming. He said that all you would expect from me would be a frank informal talk on certain matters of interest to everybody in connection with the diagnosis and treatment of fractures. Well, on those terms I was very glad to re-visit Cincinnati and renew some very pleasant acquaintances, and also make some new ones.

So now you understand the circumstances under which I am present with you, and I wish to say at the same time that I am not unmindful of what is due to such a gathering. I am very glad to come here and tell you of the difficulties which I have encountered, and the mistakes that I have made, in the hope that the recital of these difficulties may possibly save some of you from similar difficulties, or enable you to avoid the same mistakes. Then, too, I feel that possibly it may be of more interest to hear something upon topics which daily interest you than if I were to come before you with perhaps a new method of operating in some rare disease. I hope, therefore, you will understand the spirit in which I appear before you—that of a stumbling brother who is here to speak to you out of his experience in order that those who hear him may perhaps avoid similar stumbling. So, without further preliminaries, I will proceed at once with my subject—certain practical points in the diagnosis and treatment of the commoner forms of fractures.

* Read before the Academy of Medicine of Cincinnati, February 5, 1900.

DIAGNOSIS.

As to the diagnosis of fracture, a good many mistakes are made, first, because of difficulty in recognizing fractures when present; and secondly, in recognizing their absence when they are not present. For these mistakes the teachings in our books are to a great extent responsible. We read in our books that the positive signs of fracture are abnormal mobility and crepitus, with more or less deformity. In a great many fractures, perhaps in the majority, abnormal mobility and crepitus are present, but those are the cases in which no one would have any trouble in recognizing the fracture. The difficulty comes in the cases in which these signs cannot be gotten; and they cannot be gotten for various reasons varying with the case, and the point which interests us all is to be able to recognize a fracture when it is present and when we cannot get abnormal mobility and crepitus, or when we cannot get them without manipulations carried to an extent that would be exceedingly painful or harmful to the patient; and secondly, that we may be able to recognize the absence of a fracture when it is not present. Now there are cases where abnormal mobility and crepitus cannot be recognized because the relations of the fragments are such, or the nature of the fracture is such, as not to permit of free motion of the fragments one upon the other, or because the limb is so swollen or tender that the necessary manipulation cannot be made, or because the fracture is situated so near the end of a bone that no amount of justifiable manipulation will disclose abnormal mobility.

For example, take a fracture at the upper end of the humerus. Suppose the patient to be a fat man or a fatter old woman. What do the books say? Grasp the head of the humerus between your fingers and thumb, and grasp the elbow with the other hand and make a gentle rotation, and you will feel that the head of the bone does not share in the movements communicated to the lower part of the limb, and you will feel crepitus. Now, will you, will you?

Just recall such a case. Recall the efforts you made to sink your fingers into that man's fat, and the feeling of helplessness when you tried to recognize the bony prominences. Another rule is to make pressure with the end of the finger, and recognize a line of tenderness. But you will often find a large area of tenderness, so that you are unable to tell whether or not the pain is due to the fracture or the condition of the soft parts. Suppose you now put your hand on the top of the shoulder, your other hand at the elbow, and press the parts together; if there is a fracture the patient cries out. What have you done? You have pressed the two broken surfaces together and that has caused pain. You will not get this pain unless there is a fracture. That settles the diagnosis.

Now take the ulna. How is the ulna habitually broken? We call this fracture in New York the "policeman's fracture," because when the policeman raises his billet the other man holds his arm up (like this) and receives the blow across the forearm. If you seek in these cases for abnormal mobility and crepitus you do not always find it. The parts are swollen and tender from the blow, and you cannot grasp them so as to get abnormal mobility. Suppose you take that man's hand in yours and ask him to press against you. He tries to extend his arm and instantly flinches. It causes pain at the middle of the ulna. The diagnosis is made.

Go down to the wrist and take the common fracture there, viz., Colles' fracture. Now this is a fracture close to the end of the bone. Abnormal mobility and crepitus? Ridiculous. If the man was insensible, or asleep under the influence of an anesthetic, you might find these things, but you possibly might fail to find them then. Press with the end of your finger across the back of the wrist and you will find a line of tenderness sharply marked. Press his hand up toward the elbow, straight or a little to the outer side, and again you cause pain. The diagnosis is made.

Come down to the leg. Ordinarily fractures of the leg are very easy to

diagnosticate. I will speak of an example from my own experience occurring recently. A week ago to-day I went to my hospital and was told that a man had been sent up from the dispensary with a fracture of the leg. I went to the bed where the man was lying and saw a man with a very much swollen leg. A box had fallen upon it. I said, "Can you walk?" He replied, "No." I put my hand on the ball of his foot and had him press against me. He made no outcry whatever. There was no fracture. Why had he been sent up from the dispensary with the diagnosis of a fracture? Because of the history of a blow, the alleged disability, the swelling, and the impossibility because of the tenderness of the soft parts of determining the presence or absence of abnormal mobility and crepitus. Oftentimes we think we get abnormal mobility when there is none. It is easy to be deceived in these things, but that one little test of pressure along the line of the bone determines the fact at once.

Take a Pott's fracture, one of the commonest fractures—a fracture, by the way, in which mistakes are frequently made through failure to recognize it. The essential lesion is a diastasis of the tibia and fibula. There is a separation of the two bones, with a rupture of the tibio-fibular ligament, and with it there is usually a fracture of the fibula. Run your finger down the line of the fibula and you will find a point that is very tender on pressure—that is, one point. Then put your finger over the point where the tibia and fibula come together and the man cries out. Go over to the internal malleolus, and if you do not get pain there go a little lower and you will get it. There are three points of tenderness, and these are sufficient without anything else. If you try for the other signs you may fail to get them. You may not be able to move the astragalus sideways if the muscles are contracted. Give him ether and his foot will wobble around, but otherwise you may not get the lateral mobility. Even one of the points spoken of is sufficient, the second indicating the tibio-fibular separation. Now there

are two exceptions, or occasions, in which it is difficult to make these tests. First, with children. Children cry and scream if you touch, or merely approach them, and when you endeavor to ascertain whether or not any particular manipulation causes pain, it is very difficult to get positive information. Of course, you can usually tell the difference between the cry of actual pain and that of dread, but while you are looking out for that you are arousing unfavorable sentiments in the breast of the mother. You are obliged to resort to an anesthetic, and seek for abnormal mobility and crepitus. The second is in fracture of the neck of the femur. In a certain proportion of cases you can take hold of the leg or foot and press upward, or even shake the patient up and down in the bed without causing pain. I presume it is because the fractured surfaces slide by one another; they do not press together. This exception, however, is one that does not trouble us at all, because that fracture at the neck of the femur is very easily recognized by other signs. You look at the limb and you generally know at once that it is a fracture of the neck of the femur. The outward rotation, the appearance of helplessness, the swelling of the upper outer part of the thigh, the inability to move the limb, make it very plain, and yet this is an injury in which it seems to me I see more serious mistakes in diagnosis than in almost any other fracture, and the mistakes that are made are two. One is a failure to detect the existence of a fracture, and the other is to suppose that the fracture is a dislocation. Now these are two disastrous errors. Why? A man looks for his suspected fracture. He measures the leg and finds no shortening. He may be mistaken about that. I may perhaps well spend a moment on that.

When we measure for shortening of the lower limb, we do not measure from one point on the limb to another point on the limb, but we measure from a point on the pelvis to another point on the limb, and the point that we choose on the pelvis is the anterior superior spine. (Demonstration on the

blackboard as to how to take the measurements.) In measuring the length of the lower limbs we must have them both placed symmetrically in reference to the pelvis. To secure that we draw a tape across from one anterior superior spine to the other, then carry a second one downward from the middle of the first and at right angles to it, and then place the legs so that the ankles are equidistant from the second tape, then measure.

Now in injuries of this kind there are two mistakes which are likely to be made. One is that we may overlook the injury when it is present, and the other is that we may pursue our interference too far. You suspect fracture of the neck of the femur. You move the limb and feel for crepitus, but do not get it. You say that there cannot be a fracture without crepitus. You rotate it and put it in another position and the patient cries out. You anesthetize the patient and twist and rotate again in search of crepitus. Now what is being done? Thanks to Dr. Dandridge, I am able to show you by this specimen what is being done. The fracture may take place at the base or at the anterior part of the neck. Now this neck is covered by a thick periosteum which carries the blood-vessels which nourish the head of the bone. These vessels run from the outer side to the head. The capsule comes down to there (demonstration).

In almost every fracture we have what is called a periosteal bridge—that is, a portion of the periosteum which remains untorn; over the remainder of the line of fracture the periosteum is torn. This untorn periosteum is the means by which the head of the femur will remain nourished. Here is a fracture close up to the end. Look at it, I cannot separate the pieces (illustration). You see that there is untorn periosteum here. Suppose that man with this fracture fell into the hands of a perfectly conscientious physician, who wanted to be sure that his patient had a fracture of the neck of the femur. He flexes the hip upon the thigh, moves it backward and forward, and rotates it. What is he doing? He is tearing the portion of

the periosteum which was left untorn by the fracture. In other words, he makes repair impossible. He does the one thing that should not be done, and he condemns the patient to the life of a cripple in trying to make a diagnosis, when he could make the diagnosis by other signs without damage to the patient—the age of the patient, the slight violence, the helplessness, the outward rotation, the swelling, and especially the lack of depressibility in Scarpa's space. The advice given by Hodgson one hundred years ago is pre-eminently applicable to-day. He said: "In any case of an injury to an old man or woman where there is a disability of the limb, treat it as a fracture of the neck of the femur." If after two or three weeks it proves not to be one, you have done your patient no harm, and if it is a fracture of the neck of the femur you will have the satisfaction of knowing that you have done your duty from the beginning.

So, to come back to the central point, after noting these exceptions, I think I can say that if I could have only one sign of fracture, I should ask for pain, pain on pressing the ends of the long bones together, pain on pressing along the line of fracture, pain on the exercise of the function of the limb, for a diagnosis. I mean a fracture in the continuity of a longbone; it does not apply to fractures that are not in the line of pressure. Take a Pott's fracture, for example. A man can stand up, you can jar him, and it will not hurt him. Why? The reason is simple enough. Here is the tibia, and here is the fibula (demonstration). You do not press the broken surfaces together, and therefore do not hurt him. If a fracture is not in the continuity of the bone, pain at the time of exercising the function of the limb, or pain on pressing the ends together, is not certainly to be found.

TREATMENT.

Now a word or two about treatment. In any injury of the hip in an old person, even if the violence has been slight, if it is an injury which makes them unable to use their leg, this should be treated as a fracture of the

neck of the femur. If this were acted upon we should see very many less suits for malpractice. What is the usual history of these cases? A man is called in to see a case. She is an old woman. She has stumbled and fallen. You ask her if she can use her leg, and she will tell you she can. You ask her if she has any pain, and she will tell you that she has pain down here. "No pain up here?" "No." "Oh," you say, "it is only a sprain," and you go off, at the same time telling her to keep still for a while and she will be all right in a week or two. She sits still for a week or two, but her limb does not get any better. She follows out your directions for a while, but gets worse instead of better. Another physician is called in and he tells the family that she has a fracture at the neck of the femur. It is perfectly plain then—shortening has set in by that time. It is easy enough to make a diagnosis then, and the family cannot understand how such a blunder can be made, and the first doctor is sued for malpractice. What does he do then? He goes to his books, and he goes to his friends. They look into the books and they find that a blow may cause absorption of the neck of the femur. All his friends stand by him and the doctor gets off without damages; it is perfectly proper that he should. Now I venture to say that there is no case of absorption of the neck of the femur brought about in that way; the alleged cases are unrecognized fractures. Now if you treat everyone of these cases as fracture of the neck of the femur you will be safe, and even if it happens to be only a sprain your treatment will benefit the patient.

The object of all our treatment should be the restoration of function. That is the ideal of treatment, but there are certain limitations to that. There are certain fractures in which the damage done is such that we cannot make a restitution of form without running great risks. (Demonstration of several with drawings on the blackboard.)

There are certain limitations in the way of restoration of form. What are the obstacles to this restoration? The bone is broken. Now that bone is

covered on either side with muscles which run from fixed points above to fixed points below. The muscles are more or less tense, and that tends to draw the fragments past each other. Then there is another thing. The skin is distensible, you know. Under that there is a layer of fat, and under that is an enveloping layer of fascia which covers the muscles in the form of a cylinder. After fracture occurs considerable blood is poured out and an inflammatory reaction follows. It is a well-known physical fact that the capacity of a body is at its maximum when its form is globular. If you lengthen it in the form of a cylinder it will contain less contents. The increase of the contents of the tough fascia causes the limb to shorten and grow wider, and while this increase persists the limb cannot be drawn out to its former length. Some shortening must remain. (Application and demonstration of this principle in fracture of the lower arm). Then there is gravity which is always acting upon the unsupported fragments to drag them down in one position or another. These are some of the difficulties which we have to face in the treatment of fractures, and these are some of the limitations which we have to bear in mind. There are some fractures which we treat and expect to have the man in as good shape as he was before. There are others in which we must expect certain resultant conditions differing from the normal, because it is not within our power, or the power of any one, to have them otherwise, and he is a wise man who does not strive after the unattainable. What is the first thing to do? Set the fracture. It is a very important thing in the minds of the laity that the fracture should be set immediately, and the question is very frequently asked, "When are you going to set the fracture?" We all know that the setting of the fracture is usually a very small thing, and we go through certain motions, and we hope these motions will do what they ought to do, but there are certain things which we do not know, and I intended to speak of these before coming to the question of treat-

ment. If you will excuse me I will go back. I meant to speak of the details of diagnosis. There are certain details and complications to the diagnosis of which we ought to pay some attention, although I shall say, as a general thing, details are not of much importance. Is the line of fracture transverse or irregular or oblique? I do not know, and do not much care. I am going to treat it the same way in either case. Details do not count in these cases, but there are some cases in which they do count, and in which the details are of very great importance. For instance, they are of great importance in articular fractures, in oblique fractures where the displacement is great or where there is perforation through the tissues by the sharp ends of the fragments. In these cases we should spare no pains to get the details of the fracture and the displacement. In some cases the displacement is such that the function of the joint is lost unless you correct it, and then there are other cases where the displacement is such that the probability of failure of union is great unless you correct it. Take an oblique fracture. (Demonstration.)

The X-ray is an agreeable curiosity. It seldom teaches us anything of importance that we cannot find out with our fingers and the use of our brains. There is nothing of which I know that can take the place of proper manipulation with the fingers. Take a common fracture of the elbow. Every once in a while you get a fracture in which a condyle is broken, and not only broken, but turned around in one way or another. I remember one or two Pott's fractures in which the internal malleolus was turned around, and these are the injuries in which you cannot get good results unless you rectify the displacement. Then another detail concerns open fractures. There are some open fractures which are not serious at all, and the majority of those due to indirect violence are no more serious than simple fractures. Where the opening is caused by direct violence, and you have death of the skin and soft parts, there is no possibility of converting that fracture into a simple fracture.

The wound must remain open until the tissues slough off. There is grave danger in such injuries as necessitate the wound being left open for a long time, and you run the risk of having suppuration set up at any time. In some cases where the injuries are extensive we sometimes wonder whether the tissues are dead and whether the limb can be saved. Now here is a little wrinkle by which you can test the skin as to whether it is dead or not. You have all seen the blush that comes on the skin after an Esmarch bandage has been put on it. Put an Esmarch bandage on a limb for five minutes and then remove it, and the limb will blush like a sixteen-year-old girl. Try this same thing on a broken limb. Here the skin blushes and here it is white; that white skin is dead. It is just as certain as anything in medicine, and that is not saying perhaps very much. Once in a while the skin which you think is dead will live, but the above test is a pretty good one. Over and over again have I seen gangrene follow at the line between the blushing and white surfaces. Sometimes we are called to cases of this kind, and we do not see how it is possible for the limb to be saved, and we give the family the best advice we can and tell them that the limb, in our judgment, will have to come off. They then call in our friend around the corner and he saves the limb. Well, he had no business to do it. He took a chance that he had no right to take. Our friend has risked the patient's life on a long chance, and he has succeeded, but yet you were right and he was wrong.

So with infections in these open wounds. I do not know whether the dirt in Cincinnati is as infectious as it is in New York, but I do know if you bring a patient into the hospital with a wound into which the dirt of the streets has been ground the chances are that you will have an acute infection which will put the man's life in peril in a few days, and the chances of this are so great that I have often hesitated to make an effort to save the limb, and I cannot forget some cases where I have attempted to save the limb and have lost the patient. Take an alcoholic

patient of middle age whose liver is either too small or too large, or where the kidneys are diseased, and let him get a severe wound in which an acute infection afterwards sets up, and you will have to watch that man very carefully in order that you may take the limb off at a moment's notice should it be necessary.

Then there are these double fractures, where the bone is broken in two places. You are called to see a patient with a fracture. He has been thrown out of a carriage, against a lamp-post. You examine the patient and find a fracture. You set the fracture and watch it very carefully, and at the end of a month or two you find there was another at a higher point, and the end of the bone sticks out there under the skin. Distrust all of these cases of fracture where there has been great violence done; always look for more trouble. Do not rest with finding one fracture; look for another.

I was speaking of the reduction of fractures. Reduce the shortening of the limb, pull it out to the proper length. Surgery has gotten to be such a harmless thing that we are expanding in that as in some other things. We are ready to operate for anything. So we find those who say that fractures should be treated by cutting down upon them. Cut down to the bones and bring them together. I think that is bad practice, because it is unnecessary and because it creates a danger. How do you know, and how do I know, that we can do this without trouble resulting? I know we are so clean nowadays. Of course. But accidents do happen. Now just think what would happen if we cut down upon all our fractures in order to put them in place. Think how few of them really need that. But suppose one life in fifty is sacrificed as the result of such surgery; it would be a big price to pay for the little difficulties or disabilities which we should avoid. There are cases where it has to be done, cases where it ought to be done, cases where the integrity of the limb is at stake—such cases as the elbow displacements of which I spoke, cases where you have a long thin sharp piece

of bone driven through the muscles, etc. Some of these cases you cannot reduce. You must put in the knife in order to get the proper adjustment of the parts.

Now what are the *means* by which we are to treat fractures? Well, we have splints and traction. The best splint, beyond all question, is the molded splint, one that will take the shape of the limb. You can make it out of plaster of paris without any trouble, and you can make it out of other things. Then, again, there is the plaster encasement, which is a very easy thing to put on, and is in very common use. Now as to the time when it is to be put on. Some say at once, some say to wait until the swelling has gone down. I prefer to wait until the swelling has abated—that is, for the plaster-of-paris encasement. If put on immediately the swelling will often compel removal after a day or two, and may be so severe and rapid as to endanger the limb, even after slight injuries. I recall a case in which a man who had a fracture of the olecranon had his arm put in plaster of paris in the dispensary, and he was told to come back in a day or two if anything went wrong. He went off and the limb pained him a good deal. His friends told him the pain was natural. On the next day it still pained him, and his friends told him the same thing, so he did not come back again for four or five days. That man lost his arm. That was a serious consequence, and the man, of course, was responsible for it. If he had come back in time the case would have been taken off, and the limb saved. It is not safe to leave it to the judgment of the patient. A plaster encasement should always be inspected the day after its application. Encasing the limb in plaster of paris exposes you to a catastrophe. The plaster-of-paris splint saves you from this danger, and you can easily make it with a plaster-of-paris roller bandage. You put this on the limb and you bind it on in the proper position, and it hardens. There is a splint that fits, and if your fracture has been reduced that splint will keep it reduced, but there is no splint which will reduce a fracture that

you leave unreduced. The splint can only keep the fragments of the limb in the position in which you put them, and it will not always do that.

Then there is traction—you all know about that. You put on the adhesive plaster and attach a weight to correct the displacement, and expect to reduce the displacement by this means. It is surprising how many devices are designed for extending the field of traction, and how futile they are. Traction through adhesive plaster applied at each end of a limb (forearm or leg) is inefficient because it acts only upon the narrow strip of skin at the middle of the limb between the two sets of plaster, and the fragments are free to move upon each other notwithstanding it. Traction properly applied is the best thing we know of where a splint cannot be applied or where the displacement cannot be corrected at the time the dressing is applied.

Now in connection with splints and encasements, there is one thing which I wanted to say. There is a curious phenomenon which is by no means understood generally—that is, it is not widely understood or known. Every once in a while, after fracture of the forearm, the fingers will curl up and stiffen, so that the hand is useless. This is called ischemic contracture. It is a contracture due to change in the muscles in consequence of defective blood supply. The bandage, while not tight enough to cause gangrene, yet so far diminishes the blood supply that the muscles undergo a grave structural degeneration; the muscular tissue disappears wholly or in great part, and scar-tissue takes its place. And as the skin is more resistant than muscle, it withstands the deprivation of blood and gives no sign of the change taking place beneath it. This may be caused not only by tight binding, but also by the cutting off of the supply of blood in some other way. That is another reason why I think we ought to be very careful about using circular bandages.

Now as to some details of treatment for the leg and forearm and some other fractures. For fractures of the leg I am in the habit of using plaster splints of

two kinds. I generally put a fracture of a leg in a tin gutter for four or five days, then after four or five days put on splints. For that I use a plaster-of-paris splint such as I have described. I take a four-inch plaster bandage and make a splint long enough to reach from the toes along the sole of the foot and up the back of the leg to the knee. Then with a narrower bandage I make one long enough to extend from the knee around the sole and back to the knee on the sides of the leg. Bind them on with a roller bandage while they are wet, making traction on the leg, holding it in place and keeping it true until the plaster hardens. If the limb swells, you have only to loosen the circular bandage. Another plan which I use a good deal is what I call the stocking splint. I take two thicknesses of muslin cut to a pattern like a long stocking cut in two fore and aft with the two halves turned out and touching only by their edges along the back. Sew them together along the middle line. (Drawing on the board). Then I take a dozen or fifteen pieces of gauze the shape of one-half of it, soak them in plaster cream, and lay them between the two pieces, half on each side. Lay the leg on it, turn the sides up about the leg and foot, and bind it on with a roller. It is the same as two side-splints hinged together at the back; it can be easily loosened if it becomes tight, or opened for inspection of the limb. It is practically the same as the "book-back" splint.

For fractures of the arm I use a long plaster splint extending from the wrist, up the back of the arm, and over the top of the shoulder. If it stops short of the shoulder it will be insufficient. Overriding can be prevented by the weight of the limb, or an additional weight hung from the flexed elbow if necessary. A capital point is that a sling, if used, should support the limb only at the wrist; above all, do not put it under the elbow and draw it tight, for that would press the fragments past each other.

DISLOCATIONS.

One word about dislocations. I have

recently had some experience in a method of treating common dislocations of the shoulder which I think will please you because it is within the power of anybody to apply the remedy successfully. I shall not stop to discuss the diagnosis, but suppose you have an ordinary anterior dislocation of the shoulder. Now, the method I have been using for the past three or four months, which has always succeeded in an unbroken series of cases, and which never requires more than six or seven minutes, is this. Take an ordinary cot and cut a hole, six inches in diameter, in it in the middle line about eighteen inches from one end. Lay the patient on his side on the cot, putting his injured arm through the hole, and tie a ten-pound sand-bag to his arm. In a few minutes the bone will slip quietly and painlessly into place. That requires no great skill, and it certainly is effective.

And so with a dislocation of the hip. One day I was called to a man with a dislocation of the hip. He was a stout, robust fellow. It was summer weather. I got up on the bed over him, put a girdle over my shoulders, and lifted and lifted, and finally, after much exertion, got the bone back into place. As I walked home, wiping away the perspiration, it occurred to me that there was no particular reason why all that weight should be lifted. If the man had been turned on his face the weight of the limb would have aided instead of opposing me. It so happened that I was walking through the hospital shortly afterward when a man was brought in with a dislocation of the hip. I rolled him over on his face on the stretcher and pulled him down to the end until his thigh hung down beyond it, and then I sat down on a chair and took his ankle in my hand, the injured thigh hanging down and the leg horizontal. I sat there quite comfortable, and in two or three minutes the bone slipped into place. The weight of the leg had dragged it down, and it will do this in five cases out of six. The exceptions seem to be those cases in which the head of the bone leaves its socket at a higher point than

usual. In those the traction must be made while the limb is much less flexed.

DISCUSSION.

DR. N. P. DANDRIDGE: I know that we all feel under very great obligations to Dr. Stimson for having given us this very valuable address. I think this evening is notable in more ways than one, and in one particular it has struck me in these days, when we hear so much of instruments of precision for making diagnoses, of test-tubes, laboratory work, etc., how necessary it is to cultivate the sense of touch, a point which has been admirably brought out in the address this evening. For, after all, there is danger in forgetting that the most valuable knowledge is that which comes in this way, and to have had it so forcibly impressed as it has been to-night, that the skill in detecting and handling injuries which comes to us all must depend, not on instruments of precision, but by the cultivation of our senses. I think that it is a lesson which we can all take to ourselves, and I think it is one of the most valuable instructions given us to-night. I shall not pretend to attempt to discuss any of the very valuable suggestions which have been made by Dr. Stimson. They have all, I am sure, been impressed upon us in a way that we have never felt before, and I am quite sure we shall go away bearing these valuable points in mind, ready to apply them in a manner in which we have not done before.

I may perhaps add to the interest of the meeting by giving you the history of the specimen I now show. It is the case which Dr. Reuben Mussey, over sixty years ago, claimed the possibility of bony union in fracture of the neck of the femur. This specimen has been in the hands of many celebrated men—Sir Astley Cooper, Roux and Amussat of Paris, and Turner of Edinburgh—and is of great historical interest.

A CARBUNCLE may be arrested in its development by the injection into different parts of the tumor of five drops of pure liquid carbolic acid at each point.—*Med. Summary.*

INTERESTING CASE OF A PIN TRANS-FIXING THE EYE.

BY CHRISTIAN R. HOLMES, M.D.,
CINCINNATI.

On April 10, 1898, while shaking an ordinary house rug made of Brussels carpet, and about five feet long, Mrs. P. was struck in the face by the free end of the rug. The force of the blow and an extremely severe pain in the right eye caused her to fall and feel nauseated. There was slight hemorrhage from the eye. This and the continuance of the pain caused her to send for Dr. M. B. Brady, who immediately referred the case to me. I saw the patient in about an hour after the occurrence of the accident, when the following notes were entered in the record:

"There is an old macula on the cornea downwards and inwards about 3 mm. from its centre. The aqueous is

"Ophthalmoscopic examination: When looking downward and inward at an angle of thirty degrees one can see the body of the pin passing backwards and making its exit again (Fig. 2), the globe being thus completely transfixed. Where the pin enters the eye there is a bright red sub-retinal

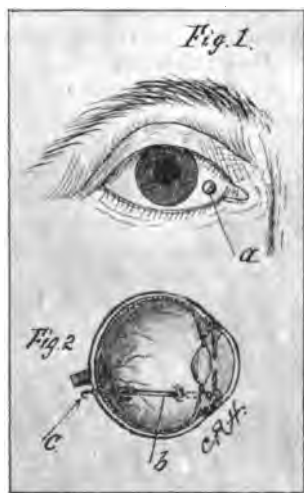


FIG. 1.—*a*, head of pin.

FIG. 2.—Imaginary section through globe, showing: *b*, pin; *c*, hook on end of pin.

clear and iris of normal color. The pupil is about two-thirds dilated, but reacts freely to light; tension normal, lens clear. Superficially to the conjunctiva the head of a pin can be seen 2 mm. below the horizontal line and 5 mm. from the inner corneal margin (Fig. 1.) There is entire absence of hemorrhage.

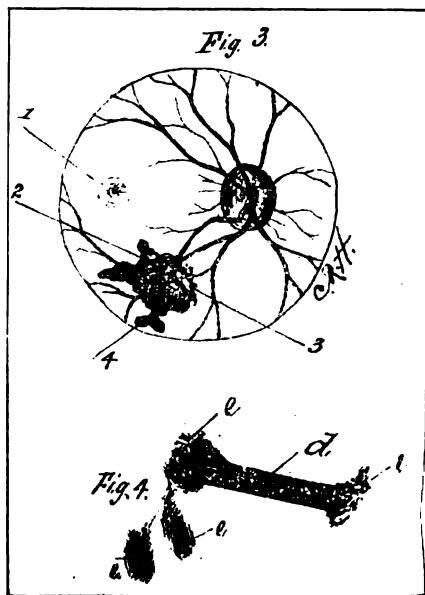


FIG. 3.—1, macula lutea; 2, where the pin penetrated; 3, white plaques of degeneration fifteen days after injury.

FIG. 4.—*d*, size of pin as it appeared in the vitreous when viewed with ophthalmoscope; *e*, *e*, *e*, *e*, hemorrhages.

hemorrhage. The pin itself where exposed is of a peculiar greyish-black appearance, with a metallic lustre. Where it penetrates the posterior part of the globe there is another hemorrhage about the point of exit, and below this are several small hemorrhagic spots (Fig. 4). There is some edema of the disc and surrounding retina."

The patient was immediately sent to the operating-room, and after the eye had been thoroughly cocainized the pin was extracted by means of forceps. The extraction was accomplished without loss of vitreous or of blood, but with considerable difficulty on account of the hook into which the point had been converted (*c*, Fig. 2). For a little while

after the operation the patient was nauseated and suffered from pain in the eye and head; these symptoms subsided in a few hours, after which there was an entire absence of pain, inflammation or irritation about the eye. She was discharged on the 16th of April, six days after admission. Strange to state, there was a rise of temperature to 100.4° F. at 5 P.M. on the date of admission, which was no doubt of nervous origin. In a few hours temperature fell to normal, and remained so. The course of the case was absolutely toward an uninterrupted recovery, and on the 13th of April, three days after the reception of the injury, this entry was made in the history: "Eye dressed this morning. Absolutely no reaction. Aqueous clear and pupillary reaction normal." Under date of April 25 an examination during an office visit of the patient records: "R. eye, $V=\frac{20}{30}$. Under homatropine $V=\frac{20}{50}$; with a $+0.75$ lens $V=\frac{20}{30}$, or perfect. Ophthalmoscopic examination as regards the optic nerve is negative. Downwards and to the nasal side is seen a large hemorrhagic plaque showing the exit of the pin at the upper edge (Fig. 3). A clot also exists at the ora serrata where the pin entered. Tension normal."

This case was sent for and re-examined on February 27, 1900, twenty-two months after her discharge from the hospital. With the correcting lens vision was $\frac{20}{30}$ in the injured eye, and with the ophthalmoscope one could see a small spindle-shaped scar, white with deeply pigmented edges, indicating the wound of exit of the pin.

Spasmodic Stricture of the Urethra.

Don't delude yourself too much with the idea that spasmodic strictures of the urethra are of frequent occurrence. If a stricture is not overcome by gentle pressure lasting for some minutes it is certainly not spasmodic, and either there is an actual obstruction or your skill is at fault. It is well to remember that the more skillful the surgeon, the fewer the so-called impassable strictures become. — *International Journal of Surgery.*

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CINCINNATI, MARCH 31, 1900.

Editorial.

MUNICIPAL AFFAIRS.

In Cincinnati members of the medical profession are manifesting a degree of practical interest in the ensuing election that is clear away beyond the ordinary, for which there exists a very good reason.

Three years ago it was felt clear down to the tender quick that there was a duplicity of practice upon the part of those in power that was simply unprecedented in the history of the city, which evolved itself in the placing of a well-known quack in the Health Office. A revolt without remedy resulted, and he held the fort. Things and votes will not go that way this time. Every reputable physician has a personal interest in the man who fills the Health Office, and this interest will show itself at the polls next Monday, when there will be a turning down and out of an element that has been discreditable to an extreme degree.

On occasions of warrant the physicians of Cincinnati have succeeded in influencing a vote closely approximat-

ing thirty-six hundred. This good healthy number can be greatly increased, and easily run to more than four thousand.

The candidates for Board of Public Service will elect the Health Officer. One of the candidates on the Fusion ticket is a very respectable gentleman, but so far forgot himself as to become an active party to the election of the present pretense of a Health Officer, and if elected would undoubtedly stand by his record already made; and the worst part of it is, he would in all probability have the say in regard to that position, in which his co-members would, as in the past, support him. So it is clear and evident that relief must be sought for on the other ticket.

The writer never has been and never will be the slave of any political party, and proposes to carry a free lance in all local political affairs, and will not knowingly support bad men for political office simply because by hook or crook they manage to have their names printed on a local political ticket. To this doctrine he feels in touch with all true and honorable physicians. On this platform we stand and will stick together. The physicians of this or of any city or town are a strong political power that cannot be wheedled around because of a veering of any political weather-vane. They stand for the well-being of all the people, for honesty of purpose, sobriety, educational intelligence and good government. It is not for one moment to be presumed that some other classes do not stand for an equally high and lofty purpose, for they do; but in no instance do they have so complete an organization as may be found in the medical profession.

Lots of fun and sport are at times made of the disagreement of doctors. This is accepted in the spirit of levity

and merriment in which it is given. Amusement is furnished, but the very moment real trouble comes the doctor is sought with solemn mien and reverential deportment. We are laughed at and smiled over for presuming to seek legislative protection, but this is eventually freely accorded because of a necessity for an educated and well-trained corps of physicians. Observe how carefully the national government looks out for the interests of officers and soldiers, sailors and marines, through a most rigid examination and selection of its medical corps. No quacks ever seek admittance. When people, even professional politicians, get in trouble, which means political bad health, they naturally flee to the doctors for support. This is instinct, for self-preservation is the very first law of nature.

In Cincinnati there are those who have their political trials and tribulations. The medical profession as a solid body will clear the atmosphere through an administration of some heroic alternatives. For the Board of Public Service the doctors should stick together as one man and the work of elimination will become operative. Take nothing for granted; get your friends one and all together; tell every solitary one of them that your own individual personal and professional interests are at stake, and party or no party, their votes are wanted to suppress quackery in high places.

EDUCATIONAL.

The medical profession in Cincinnati is thoroughly wide awake along educational lines, and not less than a baker's dozen are candidates for election as members of the Board of Education. This is as it should be. Physicians, as a rule, know more about the physical, mental and moral needs of

the children than other classes of men. Child study is a most material part of their professional work. Here the field is both broad and unbounded. Places on the ticket for Board of Education members formerly went begging, and sometimes unsavory material found place for preferment. Not so now. The contrast is great, and out of it much good will come to all the people. Support should be sought for and given to physicians who are candidates every time; not that there are not other good men, for there are, but in educational lines the doctors should receive a preferred place.

Medical men justly claim the office of Coroner for one of their number, and on occasion make the claim good, and there is no real good reason why similar conditions should not largely pertain to school boards. Medical supervision of schools must be brought about through medically educated men. Child study is a feature that demands attention, and this, too, must be inaugurated by physicians. Manual training and all technical teaching from the kindergarten up to the University can be best appreciated and directed by medically trained men.

Some wholesome reforms are wanted in the Cincinnati public school system, such as reasonable hours in the high schools, and an economic method of transfers from one district to another, by which there will be brought about changes of attendance from bad to more salubrious locations. This is both possible and practicable, and should be inaugurated. A chief factor in this relation would be the establishment of one or more non-graded schools. The intermediate schools should constitute a material part of the high school system. The course of study from top to bottom should be revised and placed

upon a basis that is in harmony with the dominating educational spirit of the age.

From which it may be observed that a new life is to be evolved through a regeneration of old influences in the Board of Education. The train is in motion, and will not be switched off. It was a long time in coming, but finally the whistle was heard and there is a clearing of track.

At this writing it looks very much as though the board will be constituted mainly of new members, which means that regenerating influences will prevail. There should be a new life without the exigencies of special bond issues for sustentation. The special teacher question will be taken up and settled. In this relation, to the writer it is somewhat amusing to observe how this and that interest shies off when the boggy man is mentioned. He frightens both political parties, and newspapers hold him at a supposedly safe distance, not one of them daring to take up and candidly discuss a practical question that costs the people more than one hundred and fifty thousand dollars a year, that honor being reserved for the LANCET-CLINIC. The great dailies, for some unknown reason, do not come in touch with the actual sentiments of the people, and, living in a shadow, are liable to and do see the ghost of a figure that meandered through the streets of the good Queen City more than half a century ago. Restitution is destined to be brought about in the near future through the instrumentality of the newly elected Board of Education.

The boggy man of Cincinnati politics is just about as potent in the pulpit as in the newspapers, influencing all religious denominations very much alike, even getting into hospitals and benevolent societies, altogether constituting

conditions productive of stagnation, which, if not gotten rid of, will produce senile gangrene. It is in this narrow, contracted groove that is engendered the little wee bit of a picayune policy that emits a whining cry of Cincinnati for Cincinnatians, instead of a lusty, long and laughing declaration of the whole world for Cincinnati. Annex Hamilton County to the city, including schools and every other public interest; shed the swaddling attire of infancy, tear to tatters the tight-fitting boundary lines, that the city may breathe the breath of freedom to expand; arrest and try the boggy man, and whatever is good that is in him, let it be evolved that it may justify the scintillations that are claimed as his own and belonging to no other.

Courage is the sentiment and the element that will work out the salvation of the city. Convictions that carry and convey controlling acts are in daily demand. Fear is a funeral shroud, damp, dank and dark in its folds and deadly in its dread of what might be. The people yearn to get up and out of a slough, and should have an opportunity to do their enlightened best for a city that is by topographical environment the most beautiful in America. Gather, gather them in; the village gems are lustrous and beyond price. They are the setting of a great magnetic stone that is destined to draw to it many people from all nations, all of whom will be warmly welcomed. The Cincinnati immigrant agent is out of work, and wants a job lot of it. He needs to burnish the rust from the hinges of his knees; they creak, but that is not his fault; activity is his strong fort, give it to him. Amen!

THE EX-SOLDIERS AND SAILORS.

These men are about to get their long - waited - for recognition. On the

ticket nominated by one of the political parties will be found the names of two well-known G. A. R. men, and right in the place where the most good can come their way.

It is pretty hard to make professional politicians look straight in front of them, they are so susceptible to strabismic influences, but hard lessons are sometimes learned, and this was one of them. The ex-soldiers had claims which could not be continuously ignored. These men said they would not have it that way, organized, and got themselves together, and thus became a factor that was very much alive for political purposes. The talk and gush of garrulous grabbers for every thing in sight by young hoodlums will experience a wholesome check in their mad careers.

It is a coincident that is not at all singular that these men should stand in with the doctors at the polls. They have a warm fellow-feeling for the sure-enough doctor. In need they know he is their friend indeed. Together they will overwhelmingly sweep the political field in Hamilton County, and it is right that they should. Wrongs must be righted and errors shunted to the rear.

EDITORIAL NOTES.

NORTH KENTUCKY MEDICAL SOCIETY.—The 138th meeting will be held at Crittenden, Thursday, April 12, 1900.

PROGRAMME.

Morning Session—10 A. M.

1. Uremia. Jno. F. Loomis, Independence. Discussion by Dr. J. L. Price, Sherman; and Dr. C. W. McCollum, Erlanger.
2. Migraine. Dr. C. R. Slater, Erlanger; Dr. S. M. Adams, Walton; and Dr. R. E. Ryle, Big Bone.

Afternoon Session—1 P. M.

3. Amenorrhoea. Dr. C. A. Menefee, Richmond. Discussion by Dr. E. F. Wolfe, Fiskburg; and Dr. A. D. Blaine, Dry Ridge.

4. Dyspepsia. Dr. C. W. McCollum, Erlanger. Discussion by Dr. Vannie E. Smith, Mt. Auburn; and Dr. K. S. McBee, Jonesville.

5. Hygiene of the Mouth. Dr. J. L. Adams, Walton. Discussion by the Society.

6. Report of Clinical Cases.

7. Unfinished Business.

8. New Business.

Cancer.

In the presence of cancer, the patient is condemned to death, and the surgeon is the only man who can grant a reprieve, and sometimes a pardon. There will be more pardons than reprieves when we stop doing little operations for little cancers, and when we cease to keep patients under observation too long before making up our minds to interfere. — *International Journal of Surgery*.

Pruritus of Old Age.

Jamieson recommends pilocarpine given every evening for several weeks. — *Denver Med. Times*.

THE ammonol bromide is one of the harmless hypnotics which has been used as a substitute for morphia without any of its disagreeable effects. In insomnia it is very valuable, and in congestive headaches it is often a specific. As a hypnotic it is superior to morphia and far safer. Ammonol, combined with codeia, is an excellent combination, and may be used with great confidence where other drugs are useless. Many of the ammonol compounds are put up in tablets, making them superior for administration. Samples are sent free to any physician who may wish to try them, and no remedy will give better results in a certain number of cases. — From the *Quarterly Journal of Inebriety*, published under the auspices of the American Association for the Study and Cure of Inebriety, T. D. Crothers, M.D., Editor, January, 1900.

J. L. RIDLEY, M.D., Huntsville, Ala., says: I have used S. H. Kennedy's of Pinus Canadensis, both white and dark. I can frequently cure gonorrhea without any other remedy, I use either as an injection, and prescribe the dark internally, where there is irritability about the mouth of the bladder. I have learned to regard it as a specific. In chronic cystitis I have derived great benefit from it, and in leucorrhea it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Law Business in Chicago Dead.

According to the statements of well-known members of the Cook County bar, the law business in Chicago has reached a condition of collapse that threatens semi-starvation for hundreds of attorneys practicing in the civil courts. Influences of the bankruptcy act, the legal departments of the trust companies, the clogging of court calendars with personal injury suits and the never-ceasing influx of lawyers from the country districts, they say, have resulted in an alarming diminution of the volume of business to be transacted and an increase in the number of men among whom that business is to be divided. Figures taken from the annual reports of the clerks of the courts indicate that the statements are based on facts.

"The law profession in Chicago is in a deplorable condition," said a well-known lawyer to-day. "Men who three or four years ago were earning \$5,000 or \$6,000 annually from their practice now are lucky if they get an income of \$2,000. I know of lawyers working to-day as law clerks for some of the big firms at salaries of \$100 a month who several years ago were making \$4,000 a year. They are sober, competent practitioners, too. I know of lawyers who are to-day sitting idle in expensive offices, leased in more prosperous times, briefless and with incomes insufficient to pay the rent. There are more than 4,000 attorneys in Chicago. Fewer than 400 of them are making enough to pay living expenses."

The new bankruptcy act is given much of the blame for this state of affairs. Before it went into effect lawyers derived considerable revenue from assumpsit suits brought against recalcitrant debtors by tradespeople and others. Now when a man doesn't want to pay his bills he spends about \$40 and goes into bankruptcy. His creditors have no recourse at law. Consequently the lawyer is deprived of much business

that was his legitimately a year ago or longer. Some bankrupts released from payment of their debts would have been the subjects of scores of suits in the days before the bankruptcy act became a law.

An idea of the falling off in the law business may be gained from an inspection of the reports of the clerks of the courts for the last two years. They show a large decrease in the number of cases begun on both the Circuit and Superior sides. This, of course, is only a straw, as that class of business is only a portion of the total from which the profession gains its revenue. But it is an indication.

In 1898 there were filed in the Circuit Court 14,411 new suits. Last year 10,400 were filed, a decrease of 4,000 cases. In the Superior Court during 1898 8,614 actions were begun, and in 1899 there were only 8,057, a decrease of 557. This is a total of 4,500 cases fewer last year than the year before, making a falling off approximating 23 per cent.

Other sources of revenue from which the profession has been cut off to some extent are the drawing of wills and the examination of abstracts. Title guarantee and trust companies take the bulk of their business now, and the lawyer seldom gets the \$50 to \$100 fee that used to be his for performing such services.

"The law business in Chicago has gone to the demnition bowwows," said another lawyer to-day. "People have apparently quit going to law. They have learned that the court calenders are so loaded with personal injury damage cases against railroad corporations and against the city that there is no hope of getting justice inside of two or three years. Then, there is the bankruptcy act, the worst law ever passed, that takes away lots of business, and the trust companies that do the abstract examining and will drawing. Country lawyers who have left good practices at home within the last year to come to Chicago because they are ambitious to make great names and great fortunes are starving, unless they have independent incomes. Of course there are

lawyers here who are making money, but the rank and file—the men who used to earn their \$5,000 or so a year—are up against it now and will continue to be until there is some sort of a change."

There are about 4,200 attorneys in Chicago now—400 more than there were last year. Ninety-nine became disgusted last year and left town or quit the business, but the inflow from the country more than made up the defection.—*Chicago Evening Post*.

Joint Pains in Children.

When children complain of obscure pains about the joints and limbs, which are not due to diseases of the articulations, and are not relieved by anti-rheumatic treatment, anti-syphilitic measures are indicated. In many such instances there is no history of syphilis on the part of the parents, but the success of the treatment tells its own story.—*International Journal of Surgery*.

A NEW ANALGESIC IN RHEUMATIC CASES.—Dr. R. Well, of Berlin (*Allgem. med. Central Zeitung*, No. 4, 1900), has lately published some observations which show that aspirin, the new derivative of salicylic acid is not only a distinct acquisition to the treatment of rheumatism, but also bids fair to be of great value as an analgesic. The first case reported was that of a woman suffering from cancer of the uterus in the latter stages, attended with intense pains. As morphine and other anodynes proved ineffective, resort was had to aspirin, which was given in 15-grain doses, twice daily, with the effect of completely allaying the pains. In a case of cancer of the rectum the drug was used alternately with morphine suppositories, and in this way it was found possible to reduce the amount of morphine. A patient with commencing tabes, who suffered from violent pains which prevented night rest, was much relieved by the administration of aspirin in 15-grain doses. Its action was manifested in from ten to fifteen minutes, although other remedies had been previously applied without success. Finally, in a case of trigeminal neuralgia, probably of rheumatic origin, aspirin not only promptly afforded relief, but also prevented recurrence of the attacks. The fact that aspirin is free from any of the unpleasant toxic effects of the salicylates renders it of particular service in these chronic painful conditions.

Translations.

STAMMERING IN MEDICAL LITERATURE.

BY PAUL OLLIVIER, PARIS, FRANCE.

TRANSLATED BY THOS. C. MINOR, M.D.,
CINCINNATI.

[Concluded from last week.]

II.—ETIOLOGY.

Statistics.—We possess but few documents on the subject of statistics, those of Chervin¹ the elder being the best. He counted the exempts from military service from this affection during a period of nineteen years, and found an average mean of 6.32 of those examined. He claimed that there were 1,300,000 stammerers of all ages and sexes in France. This must be an error, for that would represent a stammerer to about one in every thirty of population, and this infirmity, it appears to us, is not so frequent if we look around us. The utility of statistics in every country, through consular reports, have no need to be demonstrated.

Age.—In general, stammering begins in childhood, rarely above the age of ten or twelve years; it increases to puberty, diminishes with old age, and especially in the very aged, yet it persists usually a life time.

Sex.—All authors seem to agree that the affection is exceptional among women, who are only attacked in the proportion of 5 per cent. Meantime, John Thompson² affirms, without any supporting evidence, that stuttering is more common among young girls than among boys.

Heredity.—Becquerel admits its presence in one-half, Makuen in a third of his cases. Mygind³ found in 200 stammerers 85, or 42 per cent., who had stammering parents. The proportion given by Gutzmann, based on 589 cases, was 28.6 per cent.

Imitation.—This is an undoubted cause, but is not often met with.

Intelligence.—Some regard stam-

merers as very intelligent individuals, among whom exuberance of thought exceeds the possible mobility of the muscles of articulation (Rullier, Colombat); others have considered stammerers as inferior beings, without will power, whose cerebral action is incomplete (Deleau). *The truth is that stammering has no correlation with intelligence.*

Acute Emotions.—Frequently stammering commences at the moment even, or immediately following, some very violent emotion.

III.—SYMPTOMATOLOGY.

Stammering is characterized either by a convulsive repetition of a letter or a syllable or by convulsive arrest of speech before such and such a letter or syllable; this stoppage is produced especially at the commencement of a phrase. It is often joined to clonic movements of the face, and even the limbs. The phenomena are, for the remainder, very variable. One person to whom some question is asked remains a long time without emitting a sound, despite the efforts he makes; another commences by the repetition of a letter or syllable; a third will pronounce a word or two correctly at first, only to stutter afterwards. The tone of the voice is painful to the ear, for "it resembles that of an orator out of breath" (Guillaume). An abundant salivation is almost always present. Finally, in the greater majority of cases, stammering ceases during the act of singing. Schmalz¹ affirms that stammerers whisper without hesitation, but Wyneken disputes this.

Stammering is intermittent, and under certain circumstances, yet badly studied, it diminishes or may even disappear. Subjects stammer less at certain hours of the day, according as the weather is hot, dry, stormy, cold or moist. Before strangers they can scarcely pronounce a word, and yet converse easily with their own family. Some, when alone or in the dark, cease stammering and can recite hundreds of

¹ Chervin fils, loc. cit.

² Med. Record, November 26, 1898.

³ Cited by Scheppegrell.

¹ Ueber Stammen und Stottern, 1829.
Cited by Pons Simon.

verses without hesitation (Pons Simon). It is, then, a proteiform affection, that goes far towards explaining the multiplicity of theories emitted on the subject.

Stammering is a vice of pronunciation. Pronunciation, in order to be perfect, requires the normal functioning of (1) respiration, (2) phonation, (3) articulation. If one desires to study the phenomena that give rise to stammering, one has a traced programme to follow. It consists in investigating in how these three functions differ among our patients from what they are among individuals speaking correctly.

1. *Respiration*.—In that which concerns ordinary physiological respiration, having hematosiis for its object, we see that this is usually well effected among stammerers.

Vocal respiration is altogether otherwise. Moreover, the inspiration must be fuller and the action of more numerous muscles is demanded. But respiration should necessarily have a more prolonged duration, and, on the return to itself of the lung, due to its elasticity, the inspiratory muscles have only need to oppose the air gently and regularly as it is expelled. The graphic method permits us to be assured that after a deep inspiration, that should be recommended, the stammerer may spin out a sound—the vowel *a*, for example—during as many seconds as a healthy subject. But in observing the patient not warned and making him speak, we learn what follows; in order to inspire before speaking, instead of opening the mouth and separating the teeth like the ordinary person would, the stammerer closes his jaws, retracts the mouth by contracting the lips, thus opposing a double obstacle to the air, that is forced to penetrate only through the nose. The tongue is often agitated by tumultuous movements that raise its root and obstruct the isthmus of the pharynx. Finally, the glottis may be convulsively closed at this moment, that which auscultation permits us to discover. These obstacles removed, the patient profits by the occasion to rudely dilate his chest to its maximum. He consumes a considerable quantity of air, and, mean-

time, he is continually out of breath, for he is incapable of stopping this by his will—to make, for example, a pause between the two periods of respiration. He endeavors to speak when he has no air in his lungs; when, if the inspiration has been deep, he can regulate his expiration by means of the inspiratory muscles.

2. *Phonation*.—The larynx of the stammerer performs its function normally during ordinary respiration, during the phenomena of the effort, and even during the emission of an isolated vowel; with the laryngoscope we can assure ourselves of this. But very often, it remaining relaxed and separated on inspiration, the vocal cords tend to approach each other abnormally; thence a sensation of constriction in the throat, a loud noise due to the air on the vocal ligaments. At times the patient is incapable of commencing his phrase when he desires; he remains a long time before pronouncing a syllable. Two hypotheses are possible in such a case; where the glottis remains open and allows the air to silently escape, which betrays the retraction of the thoracic walls; or the glottis is, to the contrary, contracted, completely closed. This last fact is placed beyond doubt by a sort of hoarseness—of “roaring,” Morgagni called it—that is produced at the moment when the stammerer can no longer retain the air, and shows those about him his intention to speak. The voice of these subjects is generally very sharp, for the vocal cords are stretched to excess; moreover, it is often cut in the midst of syllables or words by sudden halts, manifest sign of the spasmodic and involuntary closure of the throat.

3. *Articulation*.—In general, the stammerer has great ease in pronouncing vowels. The latter, in fact, are almost exclusively vocal sounds—that is to say, formed in the larynx—and may be prolonged as long as there is a current of pulmonary air to subsist on. This facility is noted at the commencement of phrases, for the patient may prolong the laryngeal work and take his time to associate with it the articulatory task. As for consonants, the

difficulty of emitting them increases with their nature; explosives being eminently unstable, cannot be maintained, and causing embarrassment. The lips are often the seat of convulsive movements rendering impossible the succession of positions necessitated by letters that follow in a syllable or a word. Finally, the tongue is also associated by violent spasms that prevent its being placed to form the different consonants over which this organ presides.

IV.—PATHOLOGICAL ANATOMY.

The autopsies made by Sabrazes,¹ some information of which he gives in his article, form all we know on this subject. It is impossible to draw any conclusions therefrom. For the remainder, as we shall see further along, the ideas we arrive at regarding the pathogeny of stammering do not permit us to suppose the existence of any organic lesion. We have made this paragraph simply to express the avowal that we practiced, in the measures of the possible, all investigations necessary on the brain, the organs of phonation and articulation, as noted among stammerers who have died of other diseases. We have exercised, then, a sort of control—negative, we think—that permits us to indirectly confirm the actual theory of stammering.

V.—DIAGNOSTIC.

This is simple. Sometimes, however, writers have given the name of stammering to elocutionary troubles that have nothing in common with this affection, such as the lisping stuttering of general paralysis. Besides other signs, the intermittence of psellism is sufficient to cause its recognition.

VI.—PROGNOSTIC.

Left to itself, stammering persists during life; this is well understood. In all that concerns therapeutic prognostics, a glance thrown over all the literature we have indicated is not encouraging.

Some physicians who stammered—

and there have been any number of them—men who studied their own affection proclaimed themselves cured. Becquerel, treated by the Colombat method for twelve years, was cured in twelve days by Jourdan, remained a stammerer up to the day of his death. Guillaume, who experimented with many of the methods, declared he commenced stammering again when he ceased his exercises and the application of his will. He also remarks, ironically, "each author contends that stammering is incurable up to his time, and curable only by his own particular method. All these innovators have seen men come to them who had been unsuccessfully treated by their predecessors or their rivals."

We can affirm, meantime, that in a very short time a stammerer may relieve himself of all the *ennuis* that bother him; the only question is, has he *will* power, during the rest of his life, to keep up the results obtained? There are cases of slight stammering that require but few efforts on the part of their subject, but complex cases also exist where, for a long period, the patience of the educator is exercised as much as the will of the stammering student.

VII.—PATHOGENY.

Stammering ceases during singing and in whispering. We may renew on almost every subject the following experiment. When the stammerer visits the physician the first time he should be advised to speak only *after* a deep inspiration and from the *commencement of expiration*. He should be instructed to do this slowly; we very soon obtain responses made without hesitation. These facts peremptorily demonstrate the absence of all organic lesions; the stammering, then, arises only from functional troubles.

The experiment above cited, the normal condition of the singing voice where respiration is necessarily deeper, indicates that the troubles are, above all, of a respiratory nature. If they date back a long time they have engendered the convulsive movements of the muscles of the thorax, larynx, tongue and lips, as well as those of the

¹ Loc. cit.

face and limbs, that are observed either isolated or associated together.

VIII.—TREATMENT.

In our *exposé* of the innumerable methods or procedures for treatment we will not follow a chronological order, that would only cause numerous repetitions. We prefer to study four groups successively; in these four groups all the various known methods are employed.

(a) *Surgical Methods*.—Hervey and Chegoni, owing to their ideas as to the shortness of the frenum of the tongue, advise section of this ligament to an extent that will prevent much cicatrization. This method was used on three cases; one stammered worse than prior to the operation; in the two others the results were excellent. But these two latter were a child two years of age, who was afterwards given vocal lessons, and an infant of twenty months, *who had never yet spoken!* Colombat extolled this same intervention in certain cases.

It is necessary to come now to Diefenbach in order to see all that can be obtained by the use of the knife. The object of this German surgeon was to interrupt innervation in the muscular organs that participate in the air passages. To do this there was a choice between the transverse section of the root of the tongue with or without excision of a triangle from the organ through the whole length of its thickness.

Phillips cut the genio-glossals at their point of expansion. Velpeau varied his intervention; he sacrificed (a) the hyo-glossals when the direct elevation of the tongue appeared to be embarrassed; (b) the stylo-glossals when speech was oppressed towards the pharynx; (c) a triangle from the tongue when the stammering appeared to have a dental bearing; (d) the genio-glossals at their insertion to the genio-apophyses.

Amussat, Baudens, Lucas, Franz, Guersant, Dufresse-Chassaigne and Bonnet operated, in emulation of each other, according to these principles.

Yearsley and Braid advised the excision of the uvula and tonsils. With

this system there were many disappointments; hemorrhages, infection and failure was the rule; it ended by deaths occurring. Protestations appeared and brought about such a scandal that only those who were specialists kept the monopoly; the noise was so loud that in the Academy of Medicine the President ordered the evacuation of the assemblage. Ever since complete forgetfulness has been kept up regarding these bloody methods. The section of the tongue is sometimes practiced in exceptional cases. The ablation of adenoid tumors and the cauterization of nasal hypertrophies were aimed not at the stammering, but for the reestablishment of natural respiration. Only Braun, of Trieste, reported an observation where naso-pharyngeal curettage caused the disappearance of deafness, headache, aproexia and stammering.

C. Biaggi believed in surgical intervention when it is indicated by obstruction of the nose and naso-pharynx, claiming it as advantageous, inasmuch as it acts by suggestion, as in the case of other neuroses, or directly on the respiratory act; it must, however, be followed by didactic curative treatment.

(b) *Therapeutic Methods*.—Itard advised tonic gargles. Lytton¹ recommended stammerers to smoke pipes in order to ameliorate their respiration, as the nicotine was a sedative for the co-ordination of the vocal apparatus; but Cuthbert remarks, rightly, that tobacco smoke dries the mouth, and that smoking results in injury. Letulle has praised a general treatment by douches, and bromide of potash in doses of forty-five to sixty grains a day.

(c) *Mechanical Methods*.—We all know the story of the famous pebble of Demosthenes. Itard invented a small metallic fork, placed so as to receive the frenum of the tongue in its bifurcated branches; this fork is applied under the tongue at the place that organ is united to the floor of the mouth. This increases the difficulty of movements and diminishes the tendency to spasms! From this sprung the dif-

¹ Cited by Cuthbert. *Lancet*, p. 1673, tome ii, 1895.

ferent mechanisms of the same variety—the tongue compressor of Colombat, the glossonachon of Wutzer, intended to prevent the tongue from sinking behind the lower maxilla.

In pronounced stammering Serres seized the patient's arm and roughly pulled it downwards at each syllable uttered, later on at the commencement of each phrase. Once a cure is obtained, if any hesitation is again present the stammerer must make a movement of the arm, a contraction of the abdominal muscles, or any other parts of the body.

A silver plate to double the dental arcade when the tongue is too short has also been advised by H. de Chegoin; the interdental plate of Colombat to prevent maxillary convulsions; the nose pinchers to oppose nasal respiration and force open the mouth; the apparatus of four rubber balls placed two on each side between the teeth and jaws, devised by Morin; regular percussion of the left index finger by a piece of wood held in the right hand (Graves' method). The glossograph of Fere terminates these kind of mechanisms, and intended to be used a long time. They must all be rejected, for even if useful when they are employed they do not teach the stammerer to correct the faults they are intended to remedy. What is taught to-day must be the following: the subject must be told what to do; regular respiration puts all the auscultatory organs in place.

(d) *Didactic Methods*.—MacCormac appears to have been the first to have drawn attention to the respiration of stammerers and to have recommended deep inspirations. Colombat and Du Soit have likewise insisted on this point. Becquerel wished the stammerer to speak while keeping his chest dilated by a slight voluntary effort, using the least air possible for speaking, that should be practiced slowly. Chervin also commenced his treatment by respiratory exercises. Guillaume forced his patients to breathe with the open mouth, keeping the tongue immovable against the palatine arch, inspiration to be only diaphragmatic, and to secure this the arms, shoulders and clavicles hold on the back of a chair with the

upper limbs. After inspiration, a very prolonged pause, following which the subject commences to speak, keeping the thorax voluntarily dilated. Bryan advises to do nothing with very young children, but make them live out in the open air, with physical exercises, in a hot climate; this is to put the system in the best physical condition by fortifying the general health and developing the lungs.¹

R. Tilley² advises the remedying of the vice of pronunciation from childhood, and teach such children to breathe deeply. Wyss is likewise the partisan of respiratory and pulmonary gymnastics, and adds thereto a psychal treatment.

Coen, Scheppegegrell and Thomas Deroyge also attach a great importance to respiration. Gutzmann insists upon the characteristics to be given to this function; short inspirations by the mouth, as prolonged expirations as possible. Grunebaum merits a particular mention; he believes in nasal respiration. Makuen exercises the inspiratory muscles separately, as well as the muscles of expiration and the diaphragm; after that he gives vocal exercises.

It is almost impossible to separate from respiration the methods addressed to phonation and to articulation; this is why we examine them together.

For Itard the adult stammerer should become accustomed to declamation; as for the child, it should be made to follow fixed readings; it should have poetical lectures, the kind that will make it emit sounds, and especially its care should be confided to a foreign governess, only speaking her own language, that which will force each young pupil to pronounce slowly.

Dupuytren, cited by Rullier, cured a young lawyer by insisting on his speaking in a singing tone as in opera recitation, beating time at the same moment. Magendie believed in the method

¹ The translator believes a residence in elevated latitudes will do very much to overcome stammering. A high elevation produces deeper inspirations, and may possibly work cures.—T. C. M.

² *Weekly Medical Review*, June, 1883.

of Leigh Malebouche, that consisted in raising the tongue and applying its tip to the palate. Serres, who was a stammerer himself, was cured by pronouncing each syllable in a sudden dry manner, and by prolonging the articulatory movements; he avowed, for the remainder, that some years later his malady reappeared when his attention was distracted from his method. Deleau wishes that the necessary positions for the emission of different sounds be indicated to the subject, as well as their connection with other sounds; he likewise regrets the need of a special alphabet representing by arbitrary signs other than letters the position of the organs of articulation. Arnolt says the glottis must be constantly opened; this is obtained by pronouncing such a word as *fe-é-é*, and stringing the words one to the other in a continued manner, interpolating between them *e* mutes. Colombat's method consisted in making the lips retract backwards, retiring the tongue towards the pharynx and elevating its point towards the arch of the palate, to speak in a rhythmical fashion.

In 1852 an empiric of Chester, Jacky Broster, pretended to cure all stammerers by teaching his pupils to say, before each word, "*er*," with the *r* soft. Charles Bell gave almost identical advice; the stammerer was to study and commence all his phrases with a vowel; and Muller proposed writing, for the use of stammerers, entire pages that should not contain explosive consonants. Guillaume, after accustoming the larynx to open by small inspirations, recommended the stringing out of the vowel sounds, or very frequently pronouncing the vowels in the following order, *a, e, i, o, u*, that which well moves the lips; finally, when explosives are to be pronounced, such as *b* and *p*, that are generally very difficult, we can precede their articulation by the confused sound of *m*. Chervin the elder, whose method was kept secret, passed under the eyes of his contemporaries for utilizing the rhythmical measure by means of cadent movements of the hand. But his son, Dr. Chervin, absolutely rejected this

process; after a week of silence, complete aside from exercises in which respiration played the leading part, the stammerers were forced to pronounce vowels, afterwards consonants, and then were initiated to the study of the articulating mechanism. The pronunciation should be very clear; the will will induce this, because it is necessary to commence the articulations with the professor and finish with him likewise. Sutterlin also educated the vocal organs and made his subjects beat time. Bryan explained to the stammerer the details of articulation. As for Liebman, all exercises of respiration and articulation are unheeded, for they were considered injurious for the language as introducing non-natural elements. Before all, it was necessary to relieve the subject from efforts of voluntary or involuntary coördination and the fear of certain sounds. If stammerers sang and spoke well it was because they lengthened their vowels becomingly; one should lengthen the vowels, then, and speak quietly, without voluntary effort; to commence by phrases, continued by short stories, afterwards take up reading. Subjects intending to live in society should remain there; it was a bad plan for a stammerer to be isolated. Let us cite, in termination, Wyss, Druene, Rabiner, Treitel and Denhardt, who are especial partisans of the psychic treatment.

A glance over all these methods shows how to proceed by successive departures; we understand little by little the importance of the various elements that enter into pronunciation, and strive to remedy their defects by multiple and appropriate means in each case.

CONCLUSIONS.

Stammering is a neurosis of coördination. It begins, in general, in first childhood among subjects predisposed by a nervous heredity, often following acute emotions. It is a purely functional trouble, characterized by the convulsive repetition of certain letters and syllables; respiration, phonation, articulation are or may be separated, at the same time, interested by involuntary spasms. Stammering is intermit-

tent, variable according to circumstances, and, doubtless, by atmospheric conditions.

As for treatment, it is necessary to reject all surgical intervention having for its object the remedying of the infirmity. Operations performed on the nose or throat are only aimed at obstacles to respiration, an obstacle to suppress before the education of the patient begins. No method of cure ever proposed is infallible, for all have for a basis the *will of the subject* to be cured; there is nothing mysterious, then, about treatment. In fact, we only succeed in bringing to the normal physiological type those involuntary, spasmodic and irregular movements that animate a stammerer's organs. We should occupy ourselves, at first, with the respiration, of which the stammerer must become absolute master; *this alone will often suffice to bring about a cure*, especially when the functions of the larynx are made normal. As for the articulation, in complex cases it requires most delicate attention. According to the recommendation of Colman, we arrange figures of the alphabet for the subject to pronounce. We can study, by the aid of an artificial palate, the movements of the tongue and the defective pronunciation of a letter. Once these faults are known, we can remedy them and put the stammerer in the way of pronouncing them correctly. Isolation is only necessary in certain particular cases; *but that which is indispensable is a re-education that fortifies the will.*

Blood Examination in Xeroderma Pigmentosum.

Dr. T. Okamura, Tokio, Japan (*Archives f. Dermatologie u. Syphilis*, January, 1900), reports the blood examinations in three cases of xeroderma pigmentosum from Kaposi's clinic in Vienna. All the cases showed the characteristic pigmentation, limited, for the most part, to the face, neck and hands, and consisting of sepia-brown to almost black spots, varying in size from a pin-head to a split pea, interspersed with glistening white atrophic areas, with here and there small red spots

—small angiomata. All of the cases were complicated with tumor formation, of variable size, epitheliomata, some with epidermis intact, others ulcerating, suppurating, or covered with crusts.

The blood examination in each case showed:

Hemoglobin: (Fleischl test) 40 per cent., 65 per cent., and 45 per cent.

Erythrocytes; 3,920,000, 3,400,000, and 2,788,000.

White corpuscles; 46,666, 37,300, 54,545; or 1:89, 1:91, and 1:51.

Poikilocytosis was marked in all three cases.

The percentage of eosinophiles was 7 per cent., 9.2 per cent., and 1.2 per cent.

Although pigmentation was very marked in all these cases, no free pigment was found in the blood, as occurs in cases of melanemia.

Okamura finds it difficult to explain the marked oligocythemia and the leucocytosis, except on the basis that this disease disturbs the function of one of the most important organs of the body to such a degree that the blood-forming organs are secondarily involved. Epithelioma, which complicates the affection, cannot in itself effect these changes, as evidenced by cases of carcinoma of the uterus, and epitheliomata of the larynx, tongue, scrotum, etc. The eosinophiles, in most cases of skin disease (eczema, lupus, prurigo, pemphigus, etc.), are increased in number, which gives the impression that they are formed in the skin. In two of the cases they were increased, in the third diminished in number. The diminution can probably be referred to the cachexia, resulting from complicating epithelioma, because in malignant new formations there is a decrease in the number of eosinophile cells.

M. L. H.

Complications of Pregnancy.

In pregnancy the occurrence of salivation, dyspepsia, constipation, headache, disordered vision, irritability, deficient excretion of urine, anemia, should make you suspect toxemia. —
Med. Summary.

Book Reviews.

Diseases of the Nose and Throat. By J. PRICE-BROWN, M.B., L.R.C.P.E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 Engravings, including 6 Full-page Color-plates and 9 Color-cuts in the text, many of them Original. $6\frac{1}{4} \times 9\frac{1}{4}$. Pages xvi-470. Extra cloth, \$3.50, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

With the many good works on this subject that have been published or re-edited within the past few years, we can hardly see just what place the present work, good, though by no means the best, will occupy. It would seem that the author had in mind more the purpose of writing a book than of writing *the* book. The author has consulted other text-books freely, particularly Bosworth and Lennox Browne. Indeed, as an exposition of the opinions of the various recognized authorities, the book is a safe guide and distinctly a success. The order of subjects is to be commended, etiology, pathology, symptoms, diagnosis, prognosis and treatment being regularly followed as in a modern text-book on practice. Though the author states in his preface that any mention of diseases of the ear is precluded on account of the size of the book, yet this omission is always to be deplored, as at this day the close relation of nasal diseases to aural lesions makes separate discussion a matter of clinical inpracticability. As is usual of late, considerable space has been given to the rôle of accessory cavity diseases and their relation to nasal diseases proper. The only illustrations worthy of note are the colored plates obtained from frozen sections from the Anatomical Department of the University of Toronto.

M. A. B.

Recollections of a Rebel Surgeon, and Other Sketches; or, in the Doctor's Sappy Days. By T. E. DANIEL, M.D. Illustrated. 1899. Von Boeckman, Schutze & Co., Austin, Texas.

Ever and anon, now and then, the spirit moves some doctor to break over the fences and out into the free fields of literature. Usually the break is a good thing, and in the instance of our friend Daniel there is not an exception. First of all, the professional education of a physician nearly always gives a man an individuality that is all his own, and during an entire life he sees things. That is what ailed Daniel; he would see things, and then could not refrain from telling others what he saw. Dr. Daniel had war experiences that were unique. Every old soldier had them, but no two were just alike; their aggregation makes history, and every one has a specific value. One thing that we do know, is that neither the fun nor funerals were all on one side during the War of the Rebellion. Daniel was there; his explanation of vernacular expressions is worth more than the price of the book. His story of the first battle of Bull Run is excellent; also the dog incident and laying out of the man who was not dead; in fact, that is an enconium that may be applied to every one of his narrations from title to finish. The temptation to reprint is exceedingly great, but will be resisted, because of a desire that as many readers of the LANCET-CLINIC as possible will be induced to send the doctor the small sum of \$1.10 for a copy. Dr. Daniel is a real genuine character combine, in whom will be found the true traits of a scholar and a gentleman. Send for this book and you will find there is richness in it galore.

If you have a patient who is likely to have to stay in bed for some time, see that the bed is so turned that he will be able to see the light while lying in the most comfortable position. Sick people naturally turn towards the light, and may be made very uncomfortable by neglect of this simple measure.—*International Journal of Surgery.*

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WHOLE VOLUME LXXXIII.

Original Articles.

THE SURGICAL USES OF SUPRARENAL EXTRACT.*

BY J. W. MURPHY, A.M., M.D.,
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When Dr. Carl Köller, in 1884, made the happy discovery of the anesthetic properties of cocaine, no efficient local anesthetic had yet been discovered, and cocaine came quickly into prominence, taking first rank among local anesthetics, which position it easily maintains to-day.

With the important discovery of cocaine, many of the minor surgical operations about the eye, ear, nose or throat, that formerly required a general anesthetic for their performance, can now be much better done under the local anesthetic, since we can have the intelligent coöperation of the patient. However, the field of usefulness for cocaine anesthesia about the ear, nose and throat has been much restricted, owing to the contracted space in which we are compelled to work, and the free hemorrhage always accompanying operations in these localities. This free bleeding was always alarming to the patient and annoying to the surgeon, since his field of operation was obscured, necessitating considerable delay, from frequent cleansing of the field, or compelling him to operate in a hasty and unsatisfactory manner. Then, again, the free hemorrhage caused the anesthetic effect of the cocaine to be quickly lost, so that frequently pain became consid-

erable before the operation was completed.

A new hemostatic that seems destined to overcome some of these disagreeable features is now placed at our disposal in the form of *suprarenal extract*. Sufficient time has now elapsed, and the properties and indications for the use of the extract have been so carefully studied, that I think we are justified in saying that in the province of eye, ear, nose and throat surgery suprarenal extract is destined to occupy a place second only to that of cocaine.

The powder from which the extract is made is now derived from the suprarenal glands of the sheep, twelve grains of the powder representing about one fresh suprarenal gland. The active principle of the extract is only contained in the medulla of the gland, not in the cortex. Since the whole gland is used this may account for a failure of its hemostatic properties which now and then occurs. Indeed, the experiments of Langlois seem to prove that the gland has two active principles which are antagonistic in their action. Gray has the following to say of the suprarenal glands in the human: "They are two small, flattened, glandular bodies of a yellowish color, situated at the back part of the abdomen, behind the peritoneum, and immediately in front of the upper part of either kidney; hence their name. They vary in size in different individuals, being sometimes so small as to be scarcely detected."

To the investigations of Drs. Oliver and Schäfer, of England, are we indebted for much of our knowledge respecting the functions and properties of the suprarenal glands. These investigators, in 1894, while studying the

* Read before the Academy of Medicine of Cincinnati, February 12, 1900.

functions of internal secretion, discovered that the products of the suprarenal gland possessed a peculiar potency in stimulating the cardiac muscle and raising the blood pressure. The function of the gland is to produce a substance which assists in maintaining the necessary muscular tone, and particularly the tone of the smooth muscles of the vascular system. Its office is also to destroy certain effete products of metabolism which are of the nature of ptomaines, while it gives off a secretion absolutely essential to the blood. Langlois observed that after daily sublethal doses of the toxins of diphtheria or other pathogenic bacilli were given an animal, there occurred after a time hypertrophy of the suprarenal glands, apparently an effort of the glands to neutralize the poisons being constantly introduced. Destruction of the gland is followed by an auto-intoxication and a profound alteration in the chemistry of the blood, especially the color regulating metabolism.

Oliver and Schäfer succeeded in preparing a tincture of the gland, which, when injected into animals, even in small doses, had a remarkable effect upon certain parts of the nervous system, upon the muscular system, upon the heart, and upon the blood-vessels. The nervous centre regulating the action of the heart is powerfully affected. This action is accompanied by a strongly marked influence upon the blood-vessels, and especially the arterioles. The walls of these vessels are chiefly muscular, and the drug exerts so powerful an action upon this muscular tissue as to cause the calibre of the vessels to be almost obliterated. The blood pressure within the arterial system was raised to an enormous extent, so that a blood pressure that would be sufficient to balance a column of four inches of mercury, the pressure may be so increased as to balance a column of twelve or more inches. Schäfer says we are here dealing with a substance as potent, though in a different direction, as strychnia.

This enormous power of raising the blood pressure would naturally suggest the use of the suprarenal extract to

counteract the fall of blood pressure during chloroform narcosis, "since the cause of death from chloroform is, usually, vaso-motor depression, whereby the arterioles allow the blood to pass freely into the great blood-vessel areas, which are found in the capillaries and veins, and as a result the man is suddenly bled into his own vessels as effectually as if into a bowl. When it is remembered that the capillary network of the body will, with the relaxed veins, hold many times the normal quantity of blood, it at once becomes evident that the complete vascular relaxation caused by chloroform is the chief danger to be guarded against." Monkowski chloroformed dogs until respiration and circulation had ceased, and then, after thirty seconds, succeeded in restoring them by injecting into the vena jugularis one or two grammes of a 1 per cent. solution of suprarenal extract. He strongly advocates its use by intravenous injection, in cases of menacing dangers during chloroform narcosis.

The powdered suprarenal extract may be administered internally in the dose of fifteen to thirty grains daily. It is not destroyed by gastric digestion, a fact upon which some stress is laid, in view of the possibility of its introduction into the practice of medicine.

In excessive amounts it produced nausea, dizziness and tinnitus, no doubt caused by its spastic contraction of the arterioles of the brain. It may be given subcutaneously, or, still better, intravenously, but, being an animal product, and difficult of sterilization, the latter method is not considered entirely free from danger.

Given subcutaneously, its action is very transitory, only lasting for about fifteen minutes, showing that its active principle is either quickly eliminated or destroyed.

Its internal administration seems to be especially indicated in Addison's disease, and some rather remarkable results have been reported.

Its transitory character seems to prove that its action is too short lived to be of special use in internal medication. This, however, does not apply to its local use,

where its field of greatest usefulness will likely remain.

Applied to mucous surfaces, its action is similar to that of cocaine, in that it causes a blanching and dryness of the surfaces, but possesses little or no anesthetic properties.

Dr. W. H. Bates, of New York, in 1896, was the first to make practical use of its hemostatic properties when applied to mucous surfaces. He affirms that it is the most powerful vasomotor constrictor yet discovered, and surpasses either cocaine or atropine. It has no local effect aside from that on the blood-vessels. Applied to the eye, it affects neither the accommodation nor the pupil. It has no after-effects, and long-continued use does not produce immunity against its action. Up to the present time Dr. Bates has used the extract in over five thousand cases, with the most gratifying results, and pronounces it an ideal hemostatic. The therapeutic value of the extract depends upon its physiological action, contracting the small arterioles, retaining the cocaine in the tissues and preventing hemorrhage and cocaine poisoning.

I have now used the suprarenal extract in over one hundred cases, covering most of the minor surgical operations about the eye, ear, nose and throat, which are usually performed under cocaine anesthesia. So satisfactory have been my results that I now use it as a routine practice in all operations in these regions, and would as soon think of operating without cocaine as without the extract. In nasal operations its action has been especially gratifying. For the removal of septal spurs, polypi, or hypertrophied turbinates it is an ideal hemostatic. The operation is almost bloodless, enabling one to work with the utmost ease, and not infrequently the operation is completed ere the patient thinks you have fairly begun. There can be no doubt about its prolonging the action of the cocaine by retaining it in the tissues longer than when there is free hemorrhage. I have never seen any bad effects from its use, and am sure the post-operative swellings are less than when only cocaine is used. As there is no hemorrhage I allow the

patients to go home immediately after the operation. Formerly we used to keep them in the office for an hour or more, to see the amount of hemorrhage that was almost sure to follow the relaxation of the vessels when the effect of the cocaine passed off, and not infrequently a gauze packing would have to be placed in the nose before we could control the hemorrhage. As a precaution against hemorrhage after the patient gets home, I usually place a very light gauze packing in the nose, the portion over the seat of operation being moistened with the suprarenal extract. This packing is placed in very loosely and is not annoying to the patient. The next morning it is easily removed and the bleeding following its removal is insignificant, since by this time the openings in the vessels have had time to firmly clot. In a few instances, where the patient seemed very nervous and sensitive, dreading the packing, I have left it out. I simply placed in their hands an atomizer containing a 10 per cent. solution of the extract, with instructions to spray the nose should it tend to bleed. This method worked very nicely, but as its use depended largely on the judgment of the patient, I find the light gauze packing more satisfactory.

In nasal operations I first spray the nose with a 2 per cent. solution of cocaine. After a few moments I mop the mucous membrane thoroughly with a 10 per cent. solution of the suprarenal extract. The nose is then packed with pledgets of cotton containing a 5 per cent. solution of cocaine, as I find this strength sufficient for all operations. One of the cotton pledgets, instead of the cocaine, contains the suprarenal extract. In ten minutes the pledgets are removed. The tissues are now blanched, shrunk and thoroughly anesthetized, while operations upon them are almost entirely bloodless. Since using the extract I have not had a single case of cocaine poisoning. I attribute this largely to the rise in blood pressure which the extract induces.

In a few cases the hemostatic properties of the extract were less than I had reason to expect. This I was inclined

to attribute to faulty technique in application, but I am now inclined to believe that it may be due to the absence of the active principle in the solution, since, as I stated before, the active principle exists only in the medullary portion of the gland, while the whole gland is used in preparing the extract.

In tonsillotomies and adenoid operations under chloroform I first apply the solution of suprarenal extract, as I feel that the rise in blood pressure which it produces is beneficial during the narcosis. In a few instances the hemorrhage has been very slight, almost marvelously so, but in the majority of these cases I have not thought that the application materially lessened the bleeding. Perhaps it is expecting too much of any local hemostatic that it should materially contract vessels of the depth and character of those encountered during the ablation of the faucial or pharyngeal tonsils. In the removal of lingual tonsils, however, its action was most gratifying.

In acute middle-ear inflammation, accompanied by tinnitus, its local application to the inflamed membrana tympani quickly caused blanching of the membrane and decrease of tinnitus, while operations within the middle ear are rendered almost bloodless. Dr. Bates says it is valuable for diagnosis in cases of tinnitus. If the suprarenal improves the hearing the case is inflammatory and the prognosis good. If no results occur the tinnitus is doubtless due to ankylosis of the stapes, and prognosis is bad.

In several cases of hay fever last summer its application, by means of an atomizer, gave great relief, causing a shrinkage of the engorged mucous membrane of the nose, while its application can be extended over a considerable period with no danger of inducing a drug habit.

I have employed a sterilized solution of 2 per cent. cocaine, together with a 2 per cent. solution of the suprarenal extract, after the Schleich method of infiltration anesthesia for the removal of sebaceous cysts about the face, and found that it rendered the operation both painless and bloodless.

Dr. Bates says he has used it quite extensively in operations about the eye, and found that it lessened the congestion of an inflamed eye sufficiently to permit of cocaine anesthesia.

I find a 10 per cent. solution of the extract the most satisfactory for general use. As the solution tends to putrefactive changes, and the active principle seems to be affected by sterilization, it should be made fresh for each operation.

When put up in a saturated boracic acid solution it keeps fairly well, and I have found the addition of one drop of carbolic acid to the half-ounce tends to retard these changes. I think it is better to simply make it up with sterilized water, by adding about six grains of the powdered extract to one drachm of water. While a filtered solution looks better, yet it takes time and is a waste of the drug, and I am inclined to believe my results are better when I use a freshly prepared 10 per cent. unfiltered solution. I have recently operated upon several cases using the powder by applying it directly to the seat of operation, and found that it acted as well, if not better, than when the solution was used. The powder keeps indefinitely, and is always ready for use.

My experience with the suprarenal extract during the past year has convinced me that we have here a substance of real merit, possessing most remarkable hemostatic properties, and one destined to occupy a prominent place in eye, ear, nose and throat surgery.

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Seventh and Race Streets.

[For discussion see p. 318.]

NEVER give a child a bath directly after a meal.—*Canada Med. Record.*

PELVIC TUMORS AS A CAUSE OF SCIATICA.*

BY ELLIOTT B. PALMER, M.D.,
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Sciatica is due in general to—

(a) Mechanical pressure from without.

(b) Circulatory changes in the nerve itself.

(c) To constitutional changes causing some poisoning or impairment in the nervous function.

(d) Possibly sciatica may be due to central changes in the cord.

It is to the first and simplest acting cause that I invite your attention—to sciatica due to pressure upon the nerve roots in the pelvis. Without attempting an explanation of the way in which pressure on a nerve causes neuralgia, I shall state the general proposition that such pressure causes pain, which is felt not at the place of pressure, but at some point or points along the line of the peripheral distribution of the nerve. More rarely there is recognized pain not along the course of the nerve irritated, but more or less remotely removed from the injured branch, *i.e.*, reflex pain.

Of all the various radiating, local and reflex pains due to pressures, displacements and inflammations with which gynecologists have to deal, nothing is more simple in its mechanical demonstration than that an intrapelvic tumor may be so located that in encroaching on the area occupied by the sacral plexus its pressure effect may give rise to all the symptoms of sciatica. Further, the sciatica may be the only manifestation of disease to the patient, there being no disturbances referable to uterus, bladder or rectum.

The sciatic nerve is formed from the larger parts of four large nerve cords. These are the lumbro-sacral cord from a portion of the fourth and the fifth lumbar nerves, and the three upper sacral nerves. These large nerve trunks extend fan-like from the point of exit, the great sacro-sciatic foramen, and

below the piriformis muscle, in front of which the sacral plexus courses. These nerves outline a right angled triangle, with the base along the line of entrance of the nerve roots into the pelvic cavity, the sides measuring three and one-half, two and four inches respectively. One of these triangles covers an area of eight square inches, and is to be found to either side of the back of the pelvis and separated about two inches from each other. Pressure upon these nerve triangles sufficient to impair their functions will manifest itself in impaired motion or in disturbed sensations, or both. The roots of the sciatic nerve may be palpated on rectal examination where the pelvis is not too large or the parts too rigid. If the one examined is not under an anesthetic, pressure on these parts causes a tingling along the sciatic nerve.

Cystic tumors, with their elastic walls, will dilate in the direction of the least resistance, and it is not likely that such would give rise to severe neuralgia, even if the cystic tumor was confined to the pelvis as a result of adhesions.

Dermoid tumors, owing to their intimate relations with the pelvic organs, may cause pressure on the sciatic nerve, but their slow growth would rather be in the direction of least resistance, and that would be toward the superior strait of the pelvis.

Solid tumors—and among these uterine fibroids are of most importance, as they compromise 90 per cent. of solid pelvic tumors—can be counted on to cause pressure symptoms whenever they are confined to the pelvis. The pressure of a uterine fibroid or any solid tumor may be exerted in the pelvis as follows:

1. On the hollow viscera. Those usually affected are the bladder, urethra, ureters, and the rectum.

2. On the blood-vessels. As this pressure is more liable to be appreciated by the veins, we have as a result edemas and varicosities of the legs and pelvic organs.

3. Finally, the pressure may be exerted on the nerves.

I have placed these three manifestations of intrapelvic pressure in the

* Read before the Academy of Medicine of Cincinnati, February 12, 1900.

order of their frequency and importance.

Not to be forgotten in this connection is a retroverted uterus, associated with enlargement from disease or pregnancy. This would be caught below the promontory of the sacrum, and would slip to one side or the other of the elevation in the middle of the sacrum, and would come to lie in the hollow of the pelvic cavity just where the sciatic nerve roots are exposed. This presence of the tumor will be found oftener on the right side because of the presence of the rectum on the left side above. Further growth would but serve to fix a solid tumor or a retroverted uterus more securely in this position.

Rarer causes of nerve pressure in this region are distended rectum, in which case the pressure and pain would be left-sided; bony and cartilaginous tumors, osteomalacia, aneurism, and even bladder stone has been assigned as a cause.

A tumor once becoming lodged in this position would probably be unable to escape by natural means. Not only would further growth prevent it from rising above the sacral promontory, but as a result of the pressure peritoneal adhesions would form which would restrain any effort at dislodgment. Secondary changes in the nerves may occur, and hence after continued sciatica due to this cause it is not well to give a too sanguine prognosis when the mechanical pressure is relieved.

The symptoms of a sciatica are :

1. Pain extending along the course of the sciatic nerve from its origin to the foot. This pain is described as sharp, lancinating and shooting.

2. The pain is not persistent, but comes on suddenly, and particularly after slight exertion.

3. The sciatica varies with the season, the time of day, and the percentage of moisture in the atmosphere. Weather changes are accompanied by nerve storms.

4. Painful points are recognized. One is usually found in the gluteal region at the point of exit of the sciatic nerve from the pelvis. Another pain-

ful point is usually seen in the thigh, another in the popliteal region, and others near the external and internal malleoli.

5. A last characteristic is that function is impaired. The patient favors the affected side, and walks with difficulty, with back bent, and thigh and leg partly flexed. Usually some help is needed, and the sufferer treads lightly on the toe in order to spare the nerve.

I apologize for bringing these well-known appearances before you, but I wish to show, by detailing a recent case of mine, that all these characteristics may be present and due to a pelvic tumor, without other symptom referable to the pelvis, and with the patient, of course, totally unaware of the presence of such a tumor. This is probably an unusual combination of affairs, for search through the literature for several recent years has failed to develop a similar case, a sciatica due to pelvic tumor of which no other symptom was present.

The more frequent symptoms of tumor in this region are backache and bearing-down pains. These pains are worse at the menstrual times, and are not dependent upon weather changes. This, associated with symptoms of pressure on viscera and blood-vessels, and with menstrual disturbances, would attract attention to a pelvic examination.

The treatment of these conditions consists in relieving the pressure upon the nerves; anything else can give but temporary relief. Before an operation is done an attempt may be made under anesthesia to force the tumor above the pelvic brim. This is especially indicated in pregnancy. In a fibroid of the uterus it may be tried, but I think most operators would prefer to relieve the pressure and remove the tumor at the same time. I have a case to report in this connection which has drawn my attention to the possibility of a pelvic tumor causing sciatica.

Mrs.—, aged forty; has never been pregnant, though married twelve years. She is of large frame and plethoric habit, and her weight at the time I saw her was about 165 pounds, though it

has been as high as 187 pounds. Her menstruation has always been regular and free in amount, and not attended with discomfort. She has had no constitutional disease, and gives no history of any gynecological trouble. Patient has been accustomed to doing her own housework and to working frequently in the cold and wet,

The present illness dates back two years, when she first began to complain of pain in her right leg, centering in a spot to the outer side and just above the knee. This attack, which was diagnosed as "rheumatism," came on after exposure to wet and cold, and kept her confined to bed for two months. She never recovered completely, but warm weather allowed her to get up and about. Since then she has been variously treated, but on the whole the pain has grown worse, and the attacks almost constant.

I was called to see the patient one night when she was suffering excruciating pain and thinking her last hours had come. An anodyne was given and next morning, after careful inquiry into the history and an examination of the leg, the patient was put on the ordinary antineuralgic treatment.

The attacks of pain were typical of a sciatica, being limited to the right leg and hip, were almost constant, but subject to severe exacerbations. Pain was usually worst in the evening, would often keep the patient awake the whole night. Comparative comfort would be secured by the patient sitting in bed with the thigh and leg flexed and applying heat and friction along the course of the sciatic nerve. She would remain in bed incapacitated from work for weeks. Any exertion, especially standing or walking, would bring on unbearable pain. Her appetite remained good and bowels moved daily without medicine. There were no bladder symptoms at any time. Menses were regular.

The general examination was negative. The right leg was swollen and reddened in various places, due to the use of hot irons burning the skin. Three points of tenderness were found. One was at the origin of the sciatic

nerve from the pelvis, another just above the knee, and one about an inch above the external malleolus, about the size of a silver dollar, and which was very tender to touch. Patient had the characteristic stooped walk and favored toward the right side, and used a cane. No pelvic examination was made at this time.

I have gone thus fully into the history that the typical character of the sciatica may be seen. A fact which at the time seemed significant in its relation to the etiology of the case was that the hygienic and sanitary surroundings of the house were very poor. The house was an old frame one, very damp, with underground kitchen, and near a stream which is practically an open sewer.

Everything was done for the relief of the patient in the way of internal medication, with no appreciable result. She was given blisters, faradism, galvanism, Turkish baths, and the sciatic nerve was stretched by manipulation, all with temporary relief to the patient. As soon as she was able she would be up and about and the sciatica would return.

After keeping her under observation for three months, I insisted that she go to the hospital and then was able to do what I had not done before—make a pelvic examination. A tumor was found filling the pelvis, extending above the pubic arch on the right side, pushing the uterus forward and to the extreme left. This tumor was very hard, oval and smooth. Its connection with the uterus could not be determined, though the uterus could be felt for two inches above the vaginal roof and separate from the tumor. The sound entered for two inches.

An operation was advised as the only hope of benefiting the sciatica. This was done December 20, 1899, at the Good Samaritan Hospital, and a uterine fibroid weighing 720 grammes was removed on abdominal section. The tumor was oval in shape, was eleven centimetres long and ten broad, was an intestinal fibro-myoma of the uterus growing from the back and upper portion of the uterine body, and

causing a sharp retroflexion at the point where it joined the body of the uterus. The tumor lay toward the right side well under the brim of the pelvis, and pressing upon the triangular nerve area. The front of the tumor lay much lower, crowding what was left of the uterus to the left and in front. Owing to the way the mass lay, neither was the rectum or the bladder seriously interfered with. There was no endometritis, hence no uterine hemorrhage.

The tumor was peeled out of the adhesions that held it in the pelvis, much as though it had been an intraligamentous growth. The tumor was then delivered up into the wound. A rubber catheter was secured around the uterus and the tumor cut out, each cut of the scissors following a large hemostatic forceps. These forceps were then removed and the branches of the ovarian and uterine arteries were caught and tied. The cup-shaped stump was brought together with five deep interrupted silk sutures, and the cut broad ligament was united with continuous cat-gut sutures. Bleeding was by this means completely controlled, and the abdominal wound was closed with layer sutures. Both ovaries were left behind, but the tubes were both removed. As much of the uterus was left as possible (about half the body). I have been interested in seeing whether patient would menstruate. This has *not* occurred as yet, and it is eight weeks since the operation.

Convalescence has been perfectly normal. Immediately after the operation patient slept all day, and in the evening expressed herself as being more comfortable than for weeks. In fact, convalescence, usually so tedious, was such a dream of bliss after her months of suffering and sleepless nights that she could imagine no greater luxury than to be able to lie perfectly still and to be free from pain. The patient went home in three weeks and has not had a particle of sciatica or other pain since.

This case teaches the importance of pelvic examination in sciatica.

17 Garfield Place.

[For discussion see p. 328.]

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of February 12, 1900.

THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

DR. J. W. MURPHY read a paper (see p. 311) entitled

Surgical Uses of Suprarenal Extract.

DISCUSSION.

DR. J. W. BOYLAN: For the past two years we have had in the American Laryngological Association very interesting reports upon the local use of the aqueous extract of suprarenal glands, and during that time its special adaptability to the throat and nose has been tested on many sides. As stated by the essayist, its usefulness in this field was suggested by observations of its effect upon the mucous membrane of the eye made by Dr. Bates, of New York, some four years ago. Dr. Bates found that, instilled into an hyperemic eye, especially in the more acute cases, there followed, within a minute, a blanching that led almost to absolute pallor. He found that there was no numbing effect; that its action was localized, in that it did not alter intra-ocular tension; that its effect lasted a comparatively short time, varying, however, with the type of the congestion; and finally, that the absorption, in many cases, of cocaine, eserine or atropine was markedly enhanced by the previous instillation of the extract.

The active principle has, I believe, not yet been separated in a satisfactory way, but, as many of us are aware, observations of its constitutional effect, extending over considerable time, have been made, and it has been shown that the substance must exert a constant influence upon the blood pressure; hence it is inferred that the function of the suprarenal glands is to furnish a stimulant to the blood, and it is also thought to act as a tonic to all muscular tissue.

However this may be, all observers agree that it is notably a constrictor of the arterioles, and it is only necessary for anyone to apply it to the mucous membrane of the eye or nose to convince himself that it is one of the most powerful constrictors we have. Whether this astringent action is exerted directly upon the muscular fibres themselves, or, as in the case of cocaine, is due to an excessive stimulation of the nerve fibres, which is followed by a paralysis of the vessel walls and a reactionary congestion of the parts, is, at present, being determined; and it is in this connection that I wish to say, from observation during the last twelve months, that the former theory seems to me to be the more likely one, judging from the action of the extract upon the mucous membrane of the pharynx, as compared with its action upon that of the nasal mucous membrane, the effect upon the nasal mucous membrane being much more pronounced. I did not find its action in controlling hemorrhage after tonsillotomy as marked as has been claimed; in that respect I have been somewhat disappointed, and I am depending, as heretofore, chiefly upon cocaine in this operation. On the other hand, nothing could be more gratifying than the use of suprarenal extract in the nose. It is beautiful to watch the almost immediate blanching of the part to which it is applied, and it is this much more pronounced effect in the nose which seems to me to uphold the theory that its action is directly upon the muscular fibres, for we know that the erectile tissue of the turbinated bodies is very abundantly supplied with muscular bands around the cavernous spaces in a way that does not exist in the mucous membrane of the throat.

The strongest indication for substituting the capsular extract, as far as possible, for cocaine in the nose is the fact, pointed out by Dr. Swain in an excellent paper at the meeting of the American Laryngological Society, which I have had abundant opportunity to verify since — namely, that whereas cocaine requires constantly increasing larger doses and at shorter intervals to get a desired effect if used for a longer

period, owing to the "debouching," as Dr. Swain expresses it, of the mucous membrane, the capsular extract has no such effect, but can be relied upon, even when used several times daily for weeks, to produce, with the same quantity, the desired effect, and apparently without any deleterious result whatever, either locally or constitutionally. As we are all aware, the great usefulness of repeated local applications of cocaine in coryza and acute congestion has been greatly hampered by this rapidly waning effectiveness, by the reaction which follows its use and the danger of local or constitutional habit. In the suprarenal capsule we have a remedy of greater constricting power than cocaine, entirely devoid of these disadvantages and dangers, and it is in these acute conditions that I have found it most effective. Its peculiar power as a constrictor of the erectile tissue renders it further very valuable in the treatment of subacute and even chronic conditions, where too great a degree of hypertrophy has not already developed. In removing polypi and in the many other operations in the nose, where the repeated introduction of instruments is liable to be retarded by persistent oozing, followed by the application of cocaine, it is most useful in maintaining the canal patulous and reducing the bleeding to a minimum. In hay fever I regret that I did not have an opportunity to try it fairly last summer, but I am told that it is most useful in opening up the passages and reducing the congestion. On the whole, it is a remedy which I believe will be hailed with delight in the field of rhinology and laryngology.

DR. CHRISTIAN R. HOLMES: I feel very much obliged to the essayist for the paper. It certainly is very instructive, thorough and timely. I have not used the suprarenal capsule extract until recently, but as all of my operations are performed in the hospital there is but little occasion to use a hemostatic of that kind. The method of operating under cocaine has been brought to such perfection that it is very seldom that you will have any

hemorrhage if you put your patient to bed, as I do after the operation. I can understand that where the operation has to be performed in the clinics, or at any place where you cannot keep your patients under observation, that the extract will be of great value if it can always be relied upon, which remains to be proven. I was speaking last summer with Dr. Dundas Grant, of London, who thought very favorably of the extract, and used it extensively in his clinic. I also inquired in several of the German clinics, but they were not using it.

I have found one objection to it, and that is in operations for hypertrophy of the turbinated bodies, its contractile power is so great that it shrinks the hypertrophied parts so tightly against the bone that you are not able to judge as to how much you should remove; and you will invariably remove too much, a very serious error, for, if too much is removed, you do an injury to the patient from which he suffers as long as he lives—an error we should be very careful to guard against. For spurs on the septum where you wish to have the operation as bloodless as possible, for polypi, and also for tonsils, I believe it is of real value.

DR. H. STOW GARLICK: In acute congestions of the nose I have used the suprarenal extract with great benefit, the effect lasting from seven to ten hours, but in an operative way on the turbinates I have had almost the same disappointment as Dr. Holmes. The contraction in these cases is so great that one cannot tell just the amount of tissue to remove, and in operations on the turbinates in the posterior nares the contraction is so great that my snare slips off. I use cocaine, and unless the operation is prolonged for quite a length of time the part is anesthetized sufficiently and the reaction will come on while the patient is in the office, and I can then attend any hemorrhage following the operation.

Of course, the great majority of patients you cannot keep under constant supervision, and if you use the suprarenal extract the effect will wear off in about eight hours; you cannot be at

their homes to take care of them at that time, and so I prefer using cocaine with its quicker reaction.

I recall one case in which I used the extract in the removal of the anterior end of the lower turbinate. I did this at ten o'clock in the morning; the patient went to his home in Cumminsville, and after the effects of the extract had worn off I was sent for and found the hemorrhage so profuse that I had to tampon the nose. If this case had been cocainized I would have been saved that long trip.

I never use cocaine on the tonsils, as it does not seem to have any anesthetic effect on the tonsil itself.

In applying cocaine a previous speaker spoke of spraying. Possibly that is the reason he had so much trouble with cocaine poisoning. I apply it directly with a small piece of cotton on a probe, using, though rarely, as high as a 20 per cent. solution, and I very seldom get any ill effects.

In suspected cases of accessory cavity trouble it is also a great help to the observer. Owing to the marked contraction one can more easily find the origin of the pus and probe the natural openings to these cells.

As the outer layer of the tympanic membrane does not permit of absorption, I do not see how suprarenal extract can be of use in ear cases. We might, however, shrink, with the drug, granulations, when there is a perforation or absence of the drum.

DR. DERRICK T. VAIL: I have used this interesting drug to some extent and have found it to be quite useful. In one case of acute otitis media I used it with very gratifying results. The patient had all the symptoms of an oncoming attack. The membrana tympani was acutely congested, but not bulging. Deafness, tinnitus and pain were quite marked. Having a fresh solution of suprarenal extract at hand, I warmed and dropped a few drops into the ear. The little patient expressed immediate relief, and soon fell into a natural sleep, that lasted all night. In the morning I found that the attack had been aborted; there was only slight redness of the drum-head.

The recovery was prompt, with no impairment of hearing. I was charmed with the action of the extract in this case. Of course, it may not have been the effect of the drug which caused the sudden subsidence of the inflammation; it is possible that any warm solution dropped on the inflamed drum-head at that stage would have wrought the same marked improvement, for those who have used hot applications to the membrana tympani in acute otitis media know what magical effects are sometimes produced by this means.

I used this drug in a case of tinnitus aurium which seemed to be due to a chronic congestion of the mucous membrane lining the middle ear. The aqueous solution, warmed, was dropped in the ear twice daily; the tinnitus was benefited, but not entirely removed. I think I shall use it in cases of subjective noises as a diagnostic aid, as was suggested by the essayist, viz., to determine whether the tinnitus is due to an acute swelling of the membranous lining of the middle ear, or whether it is due to sclerotic changes or ankylosis. I have used the solution of suprarenal extract in the throat before removing adenoid vegetations and enlarged tonsils during chloroform anesthesia, and think I have noticed less hemorrhage than usual. I recall one case in particular in which, after swabbing the naso-pharynx with the extract, I removed the tonsils and adenoid growths at the same time. The hemorrhage was practically *nil*. In some cases of tonsillotomy without chloroform anesthesia the operation was practically bloodless.

I always use the suprarenal extract in nose operations, and have not been much annoyed by the shrinkage of the tissues mentioned by Dr. Holmes. Perhaps the reason is that I only allow one minute for the drug to take effect. I can readily see that if a cotton plug saturated with the extract in solution is placed in the nose five or ten minutes before operating the shrinkage would be considerable. It has been my custom to swab the membrane only about one minute before beginning the operation. The shrinkage is insignificant, and the

operation rendered easy by absence of bleeding.

The very first case in which I used the drug had pronounced epistaxis, which lasted twelve hours. The patient was one who had been operated upon before, and who gave a history of hemorrhage. It did not seem that the suprarenal extract had any effect whatever in this case.

DR. HOLMES: Dr. Garlick has spoken about hemorrhage. I would like to add just a sentence or two to what I have already said. Of course, we cannot form a positive opinion from the study of a few cases, but in connection with the results obtained from the extract I would like to make a comparison with the results obtained under the use of cocaine. In the study of twelve cases in which I used the extract, there were three hemorrhages; while out of the last *one thousand* operated nasal cases in which I used cocaine only, less than 5 per cent. had sufficient bleeding to require notice, which speaks pretty well for cocaine, provided you can take the proper care of your patient. I have also used the extract in eye operations, but prefer the cocaine alone, as the conjunctiva loses its elasticity under the use of the suprarenal extract.

I will add, in conclusion, that greater familiarity in applying the drug will no doubt give me more satisfactory results.

DR. ALFRED FRIEDLANDER: The essayist has referred to the internal use of the suprarenal extract, and in this connection I would like to report three cases of exophthalmic goitre which were treated with the extract with marked improvement and relief from tachycardia. In one case the neck, which measured fourteen inches at the beginning of the treatment, was reduced to thirteen and a half inches. The extract seemed to have no effect upon the exophthalmos. The extract was procured from one of our American firms in the form of five-grain tablets. There was a distinct slowing of the pulse in all three cases, in which tachycardia had formed a prominent symptom.

DR. ROBERT CAROTHERS: I would like to ask if the extract has been used

at all in general surgery—for example, after amputation of the breast where the arteries have been tied.

DR. T. V. FITZPATRICK: There is one use of the extract which I believe has not been mentioned to-night, and that is as a substitute for cocaine in those cases where persons have become habituated to its use. This habit is quite frequent among medical students and among the medical profession itself, and I have found it a most happy substitute for most of the cases where cocaine has been used to overcome stenosis in the nose. In the cases of four physicians who were addicted to the cocaine habit I found the suprarenal extract all that could be desired in breaking up the habit without any unpleasant results.

In regard to the extreme contraction of the mucous membranes in hypertrophies of the inferior turbinates, I think the objection can be overcome when we have had more experience with the drug and can then form an estimate as to how much contraction there is and as to how much tissue to remove. We have in the past had to educate our eyes in this regard in removing hypertrophies under the influence of cocaine, and I think after a similar experience with the extract we will be able to know just how much tissue to remove.

DR. E. W. MITCHELL: I would like to ask if the watery solution of the drug is rendered inert by boiling. Reports say that it is destroyed by this process.

DR. MURPHY: I have not tested the watery solution along that line, as I make most of my solutions fresh. Where I have used the infiltration anesthesia after the Schleich method I have found that a 2 per cent. solution of cocaine and a 2 per cent. solution of the extract combined together produces a very happy effect.

Many of the men who have investigated this subject state that it is not well borne when given hypodermatically, owing to the fact that it cannot be sterilized, and not infrequently abscesses result from the hypodermic use. I have not experimented with it as to the effect of boiling.

In reference to the very great shrinking of the parts, as Dr. Fitzpatrick has stated, we must judge from our experience in these operations. We all know that there is a very pronounced shrinking of the tissues from cocaine, and until you have had experience when using this drug as to how much tissue you should remove you are apt to remove too much or too little, the same as is the case with the extract. Along this line I have not experienced any special difficulty, however.

Of course, we do not have hemorrhage when cocaine is used when we can put the patient to bed and keep him quiet. My experience has been that the hemorrhage which is liable to follow after these operations comes from moving about, on going home in the cars or carriage; in such cases where cocaine is used the effect is soon over, and we are liable to have hemorrhage, whereas in the use of the extract very little hemorrhage ensues. Before the patient leaves the office I now use a gauze packing in the nose (very light packing) soaked in a solution of the extract, and I do not place it in firmly as I did formerly, and do not have any more trouble with hemorrhage. I used to place the gauze in, packing it firmly, but after the post-operative swelling had set in the pain was considerable, so I abandoned this method for the light packing. I also found, in connection with my old practice, that when the packing was removed it was hard from the blood which had gotten into it, and it required considerable soaking in order to get it out. When the packing is moistened with the extract, when it is removed the next morning it comes away very easily, and frequently with no staining of blood, showing that there has been no hemorrhage into the gauze. I simply take hold of the end and draw it out.

As for the spraying instead of applying the solution on cotton, I will say that I have experimented with various strengths of cocaine, and I now use a 2 per cent. solution in an atomizer for a moment or two before packing, so as to obtund the tissues so that the packing will not be painful. Then I have found

that the 5 per cent. solution produces sufficient local anesthesia without any constitutional effect. In Fraenkel's clinic they almost invariably use a 20 per cent. solution of cocaine, and it was not uncommon to have very pronounced cocaine poisoning following its use in this strength. I have found that the 5 per cent. solution avoids this, and since using it in this strength I have had no trouble.

The tablets of which Dr. Friedlander has spoken are put up by several firms. They usually contain about two grains of the suprarenal capsule extract, the rest of the tablet being composed of sugar of milk. Just why it should in some cases respond better than in others, I have not been able to decide in my own mind whether it is due to idiosyncrasy or whether it is a lack of the active principle of the extract. As the whole gland is used we can readily understand how a portion of five, six, or ten grains might be devoid of the active principle.

DR. ELLIOTT B. PALMER read a paper (see p. 315) entitled

Pelvic Tumors as a Cause of Sciatica.

DISCUSSION.

DR. E. GUSTAV ZINKE: This is certainly a very interesting and unusual case. As far as I am personally concerned, I have never had any doubt, and I do not know that anybody else has had any, that pressure from any cause upon the nerves in the pelvis will cause pain of the character described. The only surprise is that we do not see or hear more of these cases. I have not seen a similar case in my own practice, and I have met quite a number of cases in which subperitoneal fibroids filled up all of the pelvic cavity, so much so that in several of them I had a great deal of difficulty in extracting the mass from the pelvic cavity after opening the abdomen.

DR. C. L. BONIFIELD: In connection with the paper by Dr. Palmer I would like to again refer to a case which I reported to the Academy a year or two ago, soon after I had operated. The patient had a fibroid tumor about twice the size of the one Dr. Palmer presented

to-night. She had the unusual symptom of being unable to walk without assistance. She made the interesting discovery one day after taking an enema that with the rectum filled with water she had much better use of her legs. The distended rectum no doubt lifted the tumor out of the pelvis and away from the nerves.

The case Dr. Palmer has reported is very interesting, because the symptoms manifested by the patient were unusual, if not unique. Every operator here to-night who does this kind of work has seen cases with tumors much larger than this, filling every nook and corner of the pelvis, until it feels as if it were filled with plaster of paris, and yet presenting no symptoms similar to those described. Pressure symptoms are more apt to occur in intraligamentary growths, be they cystic or solid, than in growths of any kind not thus situated. In the case reported pelvic peritonitis must have developed early in the history of the growth, otherwise it would have risen out of the pelvis as does the pregnant uterus, and as these smooth and regularly-shaped fibroids ordinarily do.

DR. EDWIN RICKETTS: Some of the worst cases of sciatica with which I have had to deal have been in connection with *smaller tumors*; in fact, the largest fibroid which has come under my observation, which weighed sixty-five pounds and was presented to the Academy soon after its removal, did not cause any neuralgia such as has been described this evening. I think this sciatica can be explained in the manner in which Dr. Bonifield has explained it, and the reason that we do not have this pain generally is that the tumor as it grows larger has a tendency to rise up out of the pelvis, and instead of the pressure being directed toward the floor of the pelvis, as it is by the smaller tumors, the pressure is exerted more upon the spinal column and symphysis; therefore the pressure is not so great in the case of larger tumors.

I have a case now under observation. A lady who was violently thrown from a street-car last April has an acute retroflexion resulting, which was neglected

by herself and not attended to, as she thought it was of no importance. The sciatica in her case is something terrific. You cannot raise the uterus out of the pelvis at all, and the flexion is well marked posteriorly. One peculiar thing about this case is that the uterus seems to be turned directly into Douglas' cul-de-sac, and the pressure seems to be equal on both the left and right sides, and yet the sciatica is greater on the right side, something which is difficult to explain.

I recall another case of a young lady, eighteen years of age, who had an acute retroflexion from which she suffered for several years after being thrown from a horse, yet when she was placed upon her back and the fingers introduced the trouble was relieved, and she was free from the sciatica as well as the pelvic pain from which she suffered.

Again I wish to call attention to the fact that when the pelvis is apparently filled as with a plaster mould, as has been referred to, and you have the pressure the same on one side as the other, yet it is not always true that the neuralgia is on both sides, and yet I have seen cases in which such was the condition of things. In a double intra-ligamentary cyst of twelve years' standing, in which the broad ligament had to be split in order to turn it out, she did not suffer from any sciatica, and yet the mass was quite large in size.

DR. PALMER: I thank the gentlemen for their discussion of this subject, which, though a small one, is none the less of importance in diagnosis. Their remarks confirm my conclusion as to the rarity of a pelvic tumor causing sciatica.

I must agree with Dr. Ricketts that it is hardly to be expected that a cyst would cause sufficiently firm pressure in this region to give rise to sciatica, and it is only in the case of solid tumors which occupy the position that the one reported did that we may look for sciatica.

As to my patient having had a previous attack of peritonitis, I can only repeat that she gave no history of such an attack, or of any gynecological trouble whatever, and at the operation

she did not show evidences of peritoneal inflammation except in adhesions which would naturally arise from the pressure of a growing solid tumor.

Case of Puerperal Eclampsia.

DR. E. GUSTAV ZINKE: Two weeks ago I reported a case of puerperal convulsions successfully treated by the interruption of gestation at about the end of the seventh lunar month of pregnancy. In that case, as I stated, a great deal of difficulty was encountered in dilating an apparently dilatable cervix; it required steady, continued, almost violent manipulations on my part, and even incision of the cervix anteriorly and posteriorly, before dilatation of the uterine os was sufficient to deliver the dead fetus.

The case which I am about to report occurred in the Outdoor Obstetrical Clinic of the Medical College of Ohio. The interne had been called to the case three days previous to her coming to the Ohio Maternity Hospital, where I had ordered her to be taken for treatment. The interne stated that he found the woman in a semi-conscious condition, that she would answer questions slowly and unsatisfactorily. Her temperature at his first visit was 101° and the pulse 120. The urine was loaded with albumin. Dr. Rowe, who was in charge of the maternity department at the time, saw the case first last Monday, the day she arrived at the hospital, or three days after she was first seen by the interne in charge of the Outdoor Obstetrical Department. He made a very careful examination of the urine, of which he also gave a specimen to Dr. Crane for the same purpose. Both found it not only heavily loaded with albumin, but full of all sorts of casts and blood corpuscles. I may here state that, in addition to the things just mentioned, pus and streptococci were present in the urine which was examined on the day when the child was forcibly delivered. The following is the report of the case as it appears on the hospital records.

"Mrs. J. R. A., aged forty-two years. Occupation, housework. Mother

of a number of children, four of whom are believed to be living. Youngest child four years of age. Patient admitted to hospital Monday, February 5. Diagnosis of pregnancy easily made. Vertex presenting. Both external and internal os were soft and dilatable. Last menstruation about June, 1899. Examination of the urine showed large amount of albumin, and microscopic examination revealed all sorts of casts and blood present. Two days before admission to hospital, patient was treated by interne of the Outdoor Obstetrical Clinic."

Patient gave history of hystero-epileptic seizures for a number of years past, but had had no attacks for some time until present sickness, two or three days before admission to the hospital, when she had more than a dozen mild attacks. They were not distinctly eclamptic seizures, resembling rather the "*petit mal*" of epilepsy. The patient was more or less constantly in a stupor, which was now and then interrupted by clonic contractions, of little violence and of short duration, of the extremities; these were followed by tonic contractions, ending in stupor and semi-consciousness. At no time did we observe an exhibition of violent or well-marked epileptiform eclamptic attacks. Before the patient was brought to the hospital she received chloral and bromide of potassium; also cathartics, consisting of compound jalap powder and five grains of calomel. On the morning of her arrival, February 5, she had pains in the bowels and was given one-fourth grain of morphia hypodermatically every two hours (two doses). A steam bath, too, was administered. Later doses of jalap powder, followed by lemonade with cream of tartar, were given. After that she had two attacks of clonic spasm, most marked in the upper extremities. Pupils were not dilated. As the patient became very restless, ten grains of chloral and twenty grains of potassium bromide were given every two or three hours. Another steam bath was given, during which she perspired freely. She rested well during the night. On the morning of February 6 (twenty-four hours after

admission to hospital) patient was very restless and complained of severe occipital headache and loss of vision. The chloral and bromide were discontinued and morphia, one-eighth grain, was given hypodermatically. Patient slept for some time after that, but the kidneys failed to do their work.

About 4 P.M. it was decided to interrupt the pregnancy. This was done without any difficulty whatever. It did not require thirty minutes to complete the operation, and the child was delivered alive. The uterus and vagina were packed with iodoform gauze and one-half drachm of the fluid extract of ergot was injected beneath the skin in the suprapubic region. Within twenty minutes after placing the patient back in bed there was a severe hemorrhage from the uterus. This was controlled by friction and the application of ice over the pubic region. The pulse was very irregular and rapid, about 150 beats per minute. A subcutaneous injection of about one quart of the normal salt solution was made at this time, and followed by another an hour later. Very little improvement followed. The patient was restless all night. About 3 o'clock in the morning one-eighth grain of morphia was given. Patient then rested easy. On February 7 the temperature was normal, but the pulse very rapid. About 8 o'clock twenty drops of veratrum viride were given hypodermatically, and repeated every half-hour, until the pulse went down to 52 per minute. She did not recover consciousness after that. Again she was placed in a steam bath, but of no avail. She died about 2:30 o'clock that day.

Following is the postmortem report by Dr. Otto Geier:

"Corpse of woman about forty-two years of age; body well developed and nourished. Head covered with long, thick black hair. Autopsy made twenty hours after death. Pupils equally contracted. Incision made in median line from sternum to symphysis pubis. Large amount of fat present; no fluid in abdominal or thoracic cavity. Diaphragm attached to the fifth intercostal space on the left, and to the fourth on right side. Intestines normal. Stomach distended.

Kidneys: Left ureter slightly dilated. Left kidney, flabby; capsule, adherent surface granular. On section, congested, beef-juice color, especially pyramids; cortex pale; Malpighian tufts not distinct. Right kidney, ureter normal; capsule removed more easily than from left; surface not so granular, otherwise same as left.

Uterus: Walls thick and very firm, contained numerous large blood clots; ovaries and tubes about normal, slightly atrophied.

Spleen: Firm, and connective tissues increased. On section small, shot-like cartilaginous bodies were found in it. **Pancreas** normal.

Heart: About 50 c.c.; straw-colored fluid found in it, and some pericardial fluid around it. Cavities and valves normal.

Lungs: Small fibrous area found at apex of right lung. Calcareous area found at apex of left lung. Old pleuritic adhesions also were found posterior to both, especially marked at base of left lung.

Liver: Very large, surface smooth, but irregularly mottled with petechial-like ecchymoses over entire area. On section it presented a congested, nutmeg appearance.

Brain: Showed enormous exostoses, especially over frontal lobe. Cavities normal. Dura thickened and very adherent. Pia normal. Brain substance: No adhesions of frontal lobe; vessels of base free. Sections: Cortex pale, otherwise normal.

Cause of death: Acute hemorrhagic nephritis."

DISCUSSION.

DR. JAS. W. ROWE: There were some features in this case that are possibly worthy of notice. The urine was extremely bad; it was dark in color, brownish-red, and upon boiling was rendered almost solid. It was not found necessary to allow it to settle for sediment, for upon taking a drop of it as soon as it was passed and placing it under the microscope, without any search at all there could be found granular, hyaline and fatty casts, and an abundance of red blood corpuscles. This is the second case of this kind which it

has been my fortune to see in which the convulsions were entirely in abeyance. I remained at the bedside of this woman and saw no convulsions at all. The interne reported two convulsions of a slight character. The case came on rather suddenly, and she rapidly passed into a semi-conscious condition, complaining of pain in the back, over the region of the kidneys, and pain in the back of the head. The other case which I saw was one of Dr. Tate's patients, and she went in exactly the same way. The urine in his case, like that which I have just described, consolidated upon boiling. The treatment, as far as delivery was concerned, was the same. Dr. Tate delivered her in exactly the same manner, and she went into the same condition as the case reported this evening, *i.e.*, into a collapse. The doctor treated her with strychnia, morphia and stimulants, but the end was just the same. Now I do not believe the delivery had any good effect. I cannot conceive of a woman with urine as bad as this recovering. Her kidneys were certainly used up. Whether the case was one of eclampsia I do not know, but I do know that it was a case of acute parenchymatous nephritis. That was confirmed by the postmortem examination. The cortex was a pale yellow; the Malpighian tufts were enlarged and congested. The only curious thing about the case was the appearance of the liver, which had a nutmeg appearance.

SANMETTO IN CHRONIC ORCHITIS.—J. A. Stothart, M.D., Savannah, Ga., reports the following case: "During November, 1898, a Greek fruit vender called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of this time, and several times in the hospitals, and had been discharged as cured by several physicians. The testicle had almost arrived at the condition of ossification, but at no time had there been any pus formation. I prescribed Sanmetto, and directed that the treatment be continued for two or three months. My treatment was carried out to the letter, and there has never been any return of the trouble since beginning the use of Sanmetto. I have used Sanmetto in other urethral troubles with very satisfactory results."

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
317 W. Seventh St., Cincinnati, O.

CINCINNATI, APRIL 7, 1900.

Editorial.

A RESULT.

At the polls last Monday a majority of the people of Cincinnati decided that a change in the municipal government was desirable, and voted accordingly; and it is quite possible, even probable, that the vote which threw the balance of power from one political party to the other was mainly directed by reputable physicians. As a body the medical profession was weary and tired of making reports to an ordinary, plain quack. The cohesive adherence of medical men in matters in which there are professional interests at stake is increasing to an extent that is not only gratifying, but satisfies a long-felt want.

It is not expected that all men will think alike in regard to political affairs in general, but in local contests it is always desirable that reputable physicians should not only stand together, but they should vote as one man. Such a course is the natural outcome of professional organization. The more complete the organization the greater the

influence that may be exerted, so that for the common professional good it is better to be an integral part of a great political factor than a guerilla that bush-whacks and glories in being in the opposition.

Political economy is not only a theoretical science, but it is an art, in which there are masters and past masters of high and low degree, in which every man is destined to find his level.

There is no place where an incompetent person is more likely to have his weaknesses displayed or strong points exhibited than in political life. Examples of this are apparent to every one.

This is an age of organizations, and may be fitly termed a socialistic period. To such conditions many are inclined to offer resistance. Such efforts are as futile as attempts to stop the tides of the ocean or winds that blow.

Because of this inevitable tendency of the times there should be an ingathering of new members of the Academy of Medicine. This is an organization that fairly represents the medical profession of Cincinnati and vicinity. As such it is a professional power of the first magnitude, and has an influence that is paramount. The fact of the matter is, no reputable practitioner of the regular school living within a score of miles can afford to keep his name off the Academy membership list. Within the radius mentioned there are more than a thousand physicians who are eligible to membership. What a magnificent body this would be if unified in one organization! So long as physicians hold themselves aloof from the Academy, be they ever so honorable, and possess within themselves the very embodiment of scientific attainment, may subscribe and pay for all medical journals published, buy and read the latest books, be without

spot or blemish in personal character, and yet with all these attributes they will scarcely be known beyond the confines and boundaries of their own door-yards if they fail to identify themselves with their profession in their local medical society. Those who are out of line will be good to themselves when they seek identification and membership in ranks in which they belong.

* * *

The preliminary programme of the State Society tells of the early meeting of this great representative body of physicians. The Ohio Society is one of the strongest in the Union, but needs a constant recruiting. The time is not far distant until no physician will be regarded as in good and reputable standing in his profession who is not a member of the State medical society where he owes an allegiance.

The Indiana State Society is very strong, while the organizations of Kentucky and West Virginia are not far behind. The State societies embody the living strength of the profession. They stand for a great deal more than their mere membership in numbers, and exert an influence that is all-pervading and all-powerful. The programme of the Ohio Society is strong, carefully prepared and representative in character. The meeting will be held in Columbus, is central, easily reached, and the city is abundantly supplied with hotels, while the State House furnishes excellent accommodations for the sessions. There is no valid reason why there should not be from two to three thousand members in attendance. The membership should be greatly increased.

The Kentucky State Society will meet in Georgetown. The preliminary programme has not yet been received. The membership of this organization needs a large increase. The medical

heart needs to be fired and new enthusiasm infused. This can only be done through a getting together in county and State societies. Information is given that more than half the counties in the State are without a county society. This ought not to continue. It is suggested that the State Society, at its ensuing meeting, create a standing committee on county societies and make it the business of the committee to encourage such organizations throughout the State. The time is propitious to do this, and should not be permitted to pass by. Kentucky has a grand and noble profession, with a history the like of which any State might be very proud to possess. For this reason alone it behooves the present profession to look well to their laurels, lift their standards very high and gather in the clans.

West Virginia is rapidly forging to the front in professional importance. In the past the State Society has been comparatively small in numbers, but the society is growing rapidly.

Word comes that the ensuing meeting of the American Medical Association will be larger than ever, which indicates that the time is pressing hard when there must come a change in meetings from annual to biannual. The sooner this is recognized the better. The American Medical Association has become an immense organization, is unwieldy in management, and is becoming difficult to entertain. The State societies are rounding up in aggregate memberships, and in a great measure do the work formerly assumed by the National Association. This is a matter worthy of profound thought and consideration.

* * *

The recent election, in its results, makes many changes in the Board of

Education; new faces will appear, and it is possible new policies may be adopted. At any rate, there will be no backward moves made, and many improvements are anticipated. The first and most important thing will be a revision of the course of study, with a conforming of all school hours to the laws of nature, and medical supervision of schools. Free baths, open school-yards during the summer season, and country schools for city children—these will all come in the near by and by.

With annexation of suburbs the city will enter upon a new life, and in no place will this be felt more than in the public schools. The horizon of school life will be greatly widened, new conditions must be met, all of which will become factors for a betterment of the whole. To stand still is impossible. There is brightness and hope in the future.

THE LLOYD LIBRARY.

The Messrs. Lloyd Brothers, of this city, have issued a bulletin, the first of a series that will be published by them, in which they reprint some old and valuable publications which are not only out of print, but so scarce as to be out of the reach of most scientific workers. The Lloyd Library has been gathered together at great expense, and is unique in character, containing more than ten thousand volumes, all of which are of a scientific character. The publication of this series of bulletins is a genuine benefaction to the world of science. While the Lloyd Library is a private property, its owners are the most generous of men, and practically open it, with its invaluable contents, to all who desire to consult its tomes. Regardless of cost, additions are constantly being made to the library, a professional librarian being constantly

in attendance. The current bulletin is a reprint of Professor Barton's work on medicine, that is not only long out of print, but cannot be purchased at any price. Messrs. Lloyd Brothers are philanthropic benefactors of the whole scientific world. It is a delight to see such men the favorites of prosperity.

EDITORIAL NOTES.

OHIO STATE MEDICAL SOCIETY.—The Society meets in the Y. M. C. A. Auditorium, Columbus, May 9, 10, 11, 1900. Following is the preliminary programme:

Address in Surgery. Nicholas Senn, M.D., Chicago, Ill.

Address in Medicine. Walter Wyman, M.D., Washington, D. C., Surgeon-General Marine Hospital Service.

PAPERS.

The Treatment of Consumptives at Home. Joseph Eichberg, M.D., Cincinnati.

Inguinal Colostomy. John C. Oliver, M.D., Cincinnati.

The Oro-Pharyngeal Ring of Lymph-adenoid Tissue. Thos. Hubbard, M.D., Toledo.

The Physician in Municipal Reform. D. R. Silver, M.D., Sidney.

The Value of a Healthy Throat. W. W. Pennell, M.D., Fredricktown.

Tonsillar Obstruction in the Fauces and Pharynx. A. W. Francis, M.D., Ripley.

Paper. D. N. Kinsman, M.D., Columbus.

Subphrenic Abscess Following Appendicitis. J. F. Baldwin, M.D., Columbus. Discussion opened by A. H. Freiberg, M.D., Cincinnati.

Pelvic Suppuration. F. F. Lawrence, M.D., Columbus.

A Plea for the Earlier Use of the Obstetrical Forceps. J. M. Fassig, M.D., Zanesville.

Round Ligament Vento-suspension of the Uterus—A New Method. D. Tod. Gilliam, M.D., Columbus.

Alcohol—Its Place. R. T. Trimble, M.D., New Vienna.

The Medical Treatment of Gall-stones. E. S. Stevens, M.D., Lebanon.

The Treatment of Ulcers of the Leg. S. S. Halderman, M.D., Portsmouth.

Sudden Deaths. Louis Schwab, M.D., Cincinnati.

Three Laparotomies for Gunshot Wounds. E. W. Walker, M.D., Cincinnati.

The Diagnosis of the Position of the Fetus in Utero by External Examination. E. Gustav Zinke, M.D., Cincinnati.

Puerperal Eclampsia; Its Cause and Treatment. John E. Sylvester, M.D., Wellston.
Pleurisy in Childhood. T. W. Rankin, M.D., Columbus.

The Fraenkel Treatment of Locomotor Ataxia. D. I. Wolfstein, M.D., Cincinnati.
The Differential Diagnosis and Treatment of Metatarsalgia. A. H. Freiberg, M.D., Cincinnati.

Operations upon the Biliary Passages. Dudley P. Allen, M.D., Cleveland.

Nasal Polypi in the Naso-Pharynx. John M. Ingersoll, M.D., Cleveland.

Cerebro-Spinal Meningitis. Chas. J. Aldrich, M.D., Cleveland.

Report of Some Operations on the Intestine. Chas. S. Hamilton, M.D., Columbus.

The Value of Posture in the Treatment of Rectal Disease. Thomas Charles Martin, M.D., Cleveland.

Pyloric Stenosis Without Dilatation. N. Stone Scott, M.D., Cleveland.

The Surgical Treatment of Ulcer of the Stomach and Duodenum. Ralph J. Wenner, M.D., Cleveland.

Eye Strain. Louis Stricker, M.D., Cincinnati.

Perforation Wounds of the Eyeball. C. W. Tangemann, M.D., Cincinnati.

The Infectiousness of Follicular Tonsillitis. C. A. Hough, M.D., Lebanon.

Hipjoint Amputation. W. D. Hamilton, M.D., Columbus.

Atypical Cases of Appendicitis. W. J. Means, M.D., Columbus.

AMERICAN DERMATOLOGICAL ASSOCIATION.—Following is the programme of the twenty-fourth annual meeting, to be held at the Hotel Gordon, Washington, D. C., May 1, 2 and 3, 1900, in connection with the fifth triennial session of the Congress of American Physicians and Surgeons:

FIRST DAY—TUESDAY, MAY 1.

Morning Session at 10 A.M.

Address by the President. Dr. H. W. Stelwagon.

Bullous Dermatitis (Dermatitis Herpetiformis) in Children. Five Cases Following Vaccination. Dr. J. T. Bowen.

Dermatitis Vesico-Bullosa et Gangrenosa Mutilans. Dr. G. W. Wende.

Loss of Hair: A Clinical Study Founded on 300 Private Cases. Dr. G. T. Jackson.

An Unusual Phenomenon of Syphilis:—Othematoma. Dr. Jos. Zeisler.

Evening Session at 8 P.M.

Report of the Committee on Nomenclature.

A case of Brocq's erythrodermic pityriasis en plaques disseminées. Dr. J. C. White.

Prophylaxis and Control of Leprosy in this Country. Dr. P. A. Morrow.

A Case of Tinea Tonsurans Resembling Tinea Favosa, with Remarks. Dr. L. A. Duhring.

The Frequency of Parasitic Diseases of the Skin, and Measures Advisable for Limiting Their Spread. Dr. W. T. Corlett.

A New Type of Cutaneous Tuberculosis. Drs. J. C. Johnston and B. Lapowski.

SECOND DAY—WEDNESDAY, MAY 2.

Morning Session at 10:30 A.M.

General Discussion: Malignant Diseases of the Skin:

(a) Their Classification and Clinical Features. Dr. E. B. Bronson.

(b) Their Etiology and Pathology. Dr. M. B. Hartzell.

(c) Their Treatment. Dr. F. J. Shepherd. Endothelioma and Angiosarcoma of the Skin. Dr. J. A. Fordyce.

The Etiology and Pathology of Cutaneous Cancers. Dr. A. Ravogli.

Report of the Committee on Statistics.

Evening Session at 8 P.M.

A Lantern-slide Exhibit will be Given Illustrating:

(a) Some Clinical and Pathological Features of Malignant Diseases of the Skin and Affections. Dr. J. A. Fordyce.

(b) Clinical and Pathological Features of Blastomycetic Infection of the Skin. Drs. J. N. Hyde and F. H. Montgomery.

(c) A Few Rare Diseases of the Skin. Dr. G. H. Fox.

(d) Pathological Features of Cutaneous Cancers. Dr. A. Ravogli.

THIRD DAY—THURSDAY, MAY 3.

Morning Session at 9:30 A.M.

A case of Nevus Cancer; Metastasis; Operation; Cure. Dr. S. Pollitzer.

Syphilitic Lesions of the "Wheal" Type. Dr. H. G. Klotz.

Report of a Case of Multiple Tumors of the Skin. Drs. W. A. Hardaway and M. F. Engman.

Two Cases of Rhinoscleroma and an Unusual Form of Epithelioma of the Scalp. Dr. C. W. Allen.

A Case of Xanthoma Tuberculatum Diabeticorum, Showing Rapid Disappearance of Lesions Under Anti-diabetic Regimen and Treatment. Drs. S. Sherwell and J. C. Johnston.

A Brief Report of Two Cases of Persistent Exfoliation of the Lips. Dr. H. W. Stelwagon.

Afternoon Session at 3 P.M.

A Case of Protozoic Dermatitis. Dr. D. W. Montgomery.

Blastomycetic Dermatitis and its Relation to Yaws. Dr. I. Dyer.

Three Cases of Blastomycetic Infection of the Skin, One of Them Producing a "Tumor"

of the Lower Lip. Drs. F. H. Montgomery and H. T. Ricketts.

A Review of the Subject of Blastomycetic Infection of the Skin, With a Report of Two New Cases. Dr. J. N. Hyde.

(1) Some Experimental Observations on Urticaria factitia.

(2) Report of a Case (Title to be Announced). Dr. T. C. Gilchrist.

Retirement of Old Officers and Induction of Those Newly Elected.

On Wednesday and Thursday there will be an exhibition of photographs, drawings, microscopical preparations, etc., provided by the local committee, Drs. T. C. Gilchrist and R. B. Carmichael. A separate room has been secured for this exhibit.

The attention of members is called to the ordinance adopted at the last meeting of the Association requiring that any member who shall read a paper before the Association shall place a copy of the same in the secretary's hands at the time of reading.

LOUISIANA STATE MEDICAL SOCIETY.—The Louisiana State Medical Society will meet April 19, 20 and 21. You are urged to be present. With a view to making the programme more interesting, the Chairmen of the several sections have arranged for each a subject for general discussion. You will find the list of these below so that if you have anything of importance bearing on any of these questions you may write a paper and send the title on or before April 5, to the Committee of Arrangements. Any paper on any point of medical or surgical interest will be listed on the programme among the papers in the Miscellaneous Section. To appear in the programme the titles of these must also be sent to the Committee of Arrangements by April 5. Address all communications to Committee of Arrangements, P. O. Box 778, New Orleans, La. Following is the preliminary programme, with title of sections and subject for general discussion.

General Medicine: Tuberculosis.

Surgery: Local and Regional Anesthesia in Its Application to Minor and Major Surgery.

NOTE.—Any other papers on surgical subjects should be sent as above directed.

Mental Diseases: The Care and Treatment of the Insane.

NOTE.—“Dear Doctor:—As Chairman of the Section on Mental Diseases of the State Medical Society allow me to urge that you contribute a paper to that section to be read at the next meeting in April. Your compliance with this request will be much appreciated. Very truly yours, Geo. A. B. Hays, M.D., Chairman Section on Mental Diseases.”

Materia Medica: No subject announced.

Diseases of Children: Measles and Small-pox in Children.

NOTE.—A. First or second attack; B. Age at which complications were more frequent; C. Nature of complications; D. How was antiseptics of the mouth, nose, lungs and skin carried out; E. Was balneation resorted to? F. Effects of vaccination of pregnant women on their fetuses as regards immunity to vaccination and to variola.

Obstetrics and Gynecology: (1) Surgical Aspect of Salpingitis; (2) Electricity in Gynecology.

Ophthalmology: The Prevention of Blindness: from (1) Ophthalmia Neonatorum; (2) Sympathetic Ophthalmia; (3) Corneal Ulcers; (4) Acute Iritis and Glaucoma—Their Differentiation.

NOTE.—Observations upon these subjects are solicited from all members of the Society. Papers on all matters pertaining to diseases of the eye are solicited and should be sent in as soon as possible in the manner directed above.

Otology, Laryngology and Rhinology: On the Management of Foreign Bodies in the Air Passages, with the Report of a Few Cases, being the Address of the Chairman of this Section (Dr. A. W. de Roaldes).

Medical Jurisprudence: “Pullen Case” from a Toxicological Standpoint.

Dermatology: The Commoner Affections of the Feet and Hands and Their Treatment.

Oral and Dental Surgery: Restoration of Symmetry of the Face by Mechanical Means After Disfigurement Resulting from Disease, Accident or Operation.

Quarantine: Variola.

NOTE.—In the light of the prevalence of this disease throughout the State especial attention is called to the phases of this question.

Bacteriology: The Present Status of Blood Examination in Bacteriological Laboratories for the Determining of Malaria and Typhoid Fever.

Anatomy and Physiology: Vivisection is a Necessity for Medical Progress.

Genito-Urinary Surgery: Stricture of the Urethra; A. Duration of the Disease; B. Bladder Complications, if any; C. Method of Treatment.

NOTE.—Members are requested to bring up any other points which may be suggested by the above.

MISCELLANEOUS PAPERS.

1. Improved Method of Vaccination. 2. On the Successful Treatment of Variola. Dr. V. Lehmann.

3. Complete Transposition of Viscera, Report of a Case. Dr. S. P. Delaup.
4. Report of a Case of Recurrent Dermatitis Exfoliativa. Dr. A. R. Robertson.
5. Suprapubic Cystotomy, for the Purpose of Retrograde Catheterism in a Case of Complete Laceration of the Male Urethra. Dr. C. J. Ducoté.
6. The Physiological Treatment of Typhoid Fever. Dr. T. S. Dabney.
7. A Case of Gunshot Wound of Abdomen with Three Perforations of Colon and an Egaze Wound of Stomach; Laparotomy; Recovery.
8. Typhoid Fever in Childhood, with a Report of Three Cases. Dr. E. D. Fenner.

AMERICAN PROCTOLOGIC SOCIETY.

—The second annual meeting will be held at Hotel Richmond, corner Eighteenth and H Streets, Washington, D. C., May 2 and 3, 1900.

PROGRAMME.

FIRST DAY—9 A.M.

Meeting of the Council.

Executive meeting: (a) Reading of minutes; (b) treasurer's report; (c) report of council; (d) report of committees on other than scientific subjects offered; (e) unfinished business; (f) new business.

President's Address. Dr. Joseph M. Mathews, Louisville.

Excision of the Rectum Through the Vagina. Dr. Samuel T. Earle, Jr., Baltimore.

Curettage vs. Excision in Advanced Malignant Diseases of the Rectum, Report of Cases. Dr. Leon Strauss, St. Louis.

A Few Novel Cases in Rectal Surgery. Dr. Samuel G. Gant, New York.

Fistula in Ano. Dr. Geo. B. Evans, Dayton, O.

The Treatment of Pruritus Ani. Dr. Louis H. Adler, Jr., Philadelphia.

Mooted Questions. Dr. A. Bennett Cooke, Nashville.

The Technique of Valvotomy, the Radical Operation for Obstruction, with Practical Demonstration of Proctoscopy. Dr. Thomas Charles Martin, Cleveland.

SECOND DAY—9:30 A.M.

Catarrhal Proctitis as a Factor in Constipation or Obstruction and Its Radical Treatment. Dr. J. Rawson Pennington, Chicago.

Paper. Dr. James P. Tuttle, New York.
Rectal Abscess. Dr. William M. Beach, Pittsburg.

Submucous Ligatures for Hemorrhoids and Rectal Prolapse. Dr. B. Merrill Ricketts, Cincinnati.

Treatment of Internal Hemorrhoids by Injection of Caustics or Astringents. Dr. George J. Cook, Indianapolis.

"BATHS IN NEW YORK SCHOOLS.—
In all the new school buildings of New York space has been left for installing a system of shower baths. Baths are now ready in two or three of the schools on the east side, where bathing facilities are most needed. Children are required to furnish their own towels and soap."—*Public Opinion*, March 22.

The New York Board of Education, as indicated above, has a correct idea of the needs of the schools in the way of bathing facilities. No tubs or pools, just plain showers draining into a sewer connection, thus avoiding all likelihood and possibility of personally contaminated water. The expense is small in comparison with tubs or pools. School baths are for hygienic purposes, and not for amusement.

WHEN you first see a patient, of a nervous disposition, whose condition necessitates a disagreeable examination, waste some time in preliminary conversation. The examination will be much easier if the patient has had a short time in which to get over the first agitation. —*International Journal of Surgery*.

WE beg to call the attention of our readers to an advertisement that appears in this issue on Wyeth's Prepared Food for infants and invalids. This food is prepared from malt, milk and cereals. It is not a predigested food, but one that will digest itself under all conditions. Messrs. Wyeth will be glad to forward a sample and literature to any physicians who would like to give it a practical test.

DR. EDWARD FRANCIS BRADY, in an article entitled *Epilepsy (Hospital Bulletin and Clinical Reporter)*, says: "I do not approve of the Gowers' plan of treatment. The dosage is too massive and I think unsafe. The danger from collapse is always to be feared, and if that is escaped bromism is almost certain to be produced. I think that the combination of all the bromides, the potassium, sodium, ammonium, calcium and lithium, is the best form in which to use them; for that reason I always use Peacock's Bromides. This preparation contains the five bromides and is a safe, reliable and staple article, and by its use we escape the substitution of pharmacies.

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NEW SERIES VOL. XLIV.

APRIL 14, 1900.

WHOLE VOLUME LXXXIII.

Original Articles.

PENETRATING WOUNDS OF THE EYEBALL.*

BY FRANCIS DOWLING, M.D.,
CINCINNATI.

As the subject of penetrating wounds of the eyeball in general is too extensive to be satisfactorily considered in a reasonably short paper, I will confine my remarks this evening to those injuries which are not complicated by the presence of a foreign body in the eyeball. To premise my remarks I here present to the Academy the following three cases, which contain some points of interest.

CASE I.

H. S., aged ten years, came under my care on August 3, 1899, affected with a penetrating wound of the left eye, presenting the following history: The boy's mother, while engaged in cutting his hair, was called into an adjoining room on some business; a younger brother of the patient essayed to continue the hair-cutting, and in doing so managed to drive both points of the scissors through the upper eyelid into the scleral tissue, close to the corneal margin, and into the cavity of the eye. The wound was a large, somewhat ragged one, through which protruded a hernia of the iris; the anterior chamber of the eye was filled with blood, and, of course, the sight was, in consequence, abolished. I cocaineized the eye and then disinfected the wound with a saturated solution of boric acid, and ordered eserine instillations to be made every three hours,

in the hope of reducing the protruding iris. The eserine instillations were, later on, alternated with atropine drops, but after two days' trial it was discontinued, as the prolapse had not budged. On the third day, assisted by Dr. Howard, of St. Bernard, I amputated the protruding mass of iris, after first freeing it from the edges of the wound. After operation a compress bandage, saturated with boric acid solution, was applied over the eye and the patient ordered to bed, with ice water applications to the eye. The injury progressed favorably, and at the end of three weeks the patient was discharged, with the visual acuteness of the eye somewhat reduced. This latter was probably owing to some unabsorbed blood in the vitreous, and may improve later on.

CASE II.

N. S., a foundry hand. While chiseling some old iron a sliver of the metal flew up and hit him on the right eye. There resulted therefrom a penetrating wound of the cornea, which extended from the scleral margin above to that below, nearly splitting the eyeball in two. I saw the case on the seventh day after the injury, and a prolapsed iris was by this time entangled in the corneal wound. The anterior chamber of the eye was still tolerably well filled with blood, and in consequence a satisfactory examination of the interior of the eye was impossible. The wound of the cornea was ragged and was coated with pus, and looked very threatening for the integrity of the eye. I washed the wound with a $\frac{1}{2000}$ per cent. solution of corrosive sublimate, and put on a wet compress secured by a bandage around the head. I dressed the wound every day after this with a 3 per cent. solution of boracic acid, and

* Read before the Academy of Medicine of Cincinnati, February 19, 1900.

on the seventh day it looked clean and was healing. On the twelfth day there was intense ciliary injection, with photophobia, and pain in the right temple. I had three leeches applied to the temple, and gave strong doses of pilocarpine. The dangerous symptoms disappeared a few days afterwards, and atropia was instilled into the eye three times a day. The patient was discharged in five weeks with about one-half of his normal vision.

CASE III.

Dennis D., aged sixty years. While employed in dressing some stone at the new water-works plant near California, Ohio, a piece of the material flew up and struck him in the left eye. The cornea was pierced in the centre by a small spicula of the stone, but there was no prolapse of the iris. The wound was dressed at the time by a neighboring doctor. When I saw the patient, on the 10th of January last, two weeks after the injury, there was a large suppurating ulcer which involved almost the entire cornea. In addition to this the anterior chamber of the eye was completely filled with pus. There was great swelling and redness of the mucous membrane of the globe, with intense throbbing pains in the eyeball and in the temples. I thoroughly disinfected and cocaineized the eye, and, assisted by Dr. Gau, of Walnut Hills, made a Saemisch operation, carrying the incision clear through and across the cornea from one scleral margin to the other. A large quantity of pus escaped with the aqueous humor, and there was almost instant relief from the throbbing pain. Instillations of atropia were now made and an antiseptic compress bandage applied. The anterior chamber was reestablished on the second day after the operation. The ulcer was treated with instillations of atropia and boric acid solution, and was touched up twice a week with a ten-grain solution of nitrate of argentinum. The patient was under treatment six weeks, and has almost entirely recovered, but, of course, as is usual in these cases, an extensive opacity covers the seat of the ulcer, and interferes

correspondingly with the vision of the injured eye.

LITERATURE.

A clean-cut wound in the cornea, even when it penetrates the entire thickness of this structure, usually heals kindly, without much danger to the loss of sight, providing there be no attendant injury of the deeper structures of the eye; but as in the majority of cases of penetrating wounds of the eye one or more of these structures are injured, wounds of this nature are, in the majority of cases, very serious in their consequences, and often terminate in the loss of one or both eyes.

The following are some of the complications which render wounds of the eyeball dangerous:

One of the most frequent of these complications is hemorrhage into the cavity of the eye. The usual causes of blood in this cavity are either rupture of one or more of the superficial vessels of the iris, or a distinct laceration of its structure, or a detachment of a portion of the iris from its ciliary border. The blood thus poured out may be small in quantity and sink to the bottom of the eye-chamber in the form of a small clot, or it may be so great in quantity as to fill the whole chamber, as in two of the cases which I have reported.

The clot of blood thus formed, whether small or large in quantity, is first macerated by the aqueous humor, and it then becomes absorbed, and in about a week after the injury the chamber of the eye will have sufficiently cleared up to enable the surgeon to make an examination of the interior of the eye, so as to ascertain the amount of injury done to the parts contained therein. The rent in the iris sometimes partially closes up, but usually remains, and may not interfere materially with vision.

Another complication of penetrating wound of the cornea which may arise is a wound of the lens. The immediate effect of a wound of this body is the admission of the aqueous humor within the capsule; this is imbibed by the lens tissue, each part of which becomes opaque

and swells in succession as the different parts are acted on by the liquid; in this way the greatly enlarged lens now presses forward on the posterior surface of the iris, causing it to bulge more or less toward the cornea, and often exciting great irritation in the body. Hence in injuries of the cornea, where the lens is possibly wounded as a complication, it is highly important to instill atropia into the injured eye without delay, so as to secure as full a dilatation of the pupil as possible, in order to make room for the swollen lens. The lens thus augmented in size excites more irritation in the iris of a grown person than in that of a child, for the reason that the iris grows more irritable as the age of the person advances.

Still another complication which may arise from a penetrating wound of the eyeball is that of hemorrhage into the vitreous body, or between the choroid or retina. Blood is very slowly absorbed by the vitreous, and if the quantity which escapes into this body be large, it is almost sure to cause destruction of the eye-sight through chronic secondary changes, such as liquefaction of the vitreous, diminution in its bulk and a consequent detachment of the retina from lack of support from the shrunken vitreous; hence these are always very serious complications of injuries of the eyeball.

A fourth complication of these wounds is that they may extend into the ciliary region, and thus cause a general inflammation of the contents of the eyeball and complete loss of sight. To add to the mischief, the sound eye is apt to be affected through sympathetic inflammation from the injured one.

TREATMENT.

In treating wounds of the eyeball I am somewhat conservative. While some surgeons advocate the removal of the eye in almost all penetrating wounds of the organ, I am inclined to treat them on the expectant plan, and, with some exceptions, to await the development of bad symptoms.

It is astonishing what recuperative power the eye sometimes possesses;

some of the most dangerous-looking wounds often terminate in recovery with fairly good vision, and when the latter is faulty it is often possible by an after-operation on the iris or lens to still further improve it, and the patient is better satisfied to retain the natural eye, even without vision, to wearing an artificial one.

The exceptions to which I referred are, first, when the wound is extensive and ragged and extends into the dangerous region—that is, into the corneo-scleral margin—and is so complicated with injury to the deep structures that no prospect is held out for useful vision.

In all other cases of wounds of the eyeball I would endeavor to save the eye, and would sacrifice it only when decided symptoms of sympathetic irritation manifested themselves.

Juler, in this connection, states that penetrating wounds of the cornea are of great importance on account of the grave complications which sometimes attend them. The cases which are especially dangerous are those in which the ciliary body, the iris or the lens is wounded. In such cases vision is lost or reduced to the mere perception of light; the globe should be immediately excised, but if it is still found to retain useful vision it need not be sacrificed.

Arlt states that penetrating wounds of the corneo-scleral border are among the most critical injuries of the eyes. Penetrating wounds of the cornea, which result in prolapse of the iris, still allow of a favorable prognosis, if the pupil be not too much distorted laterally or occluded.

Noyes states that wounds in the ciliary region are more serious in their possibilities than if elsewhere, but he does not concur in a prevalent opinion that in such cases no attempt should be made to save the eye, lest sympathetic ophthalmia attack the other; on the contrary, he says, with aseptic wounds, and notably if made by pieces of glass, he has many times saved useful vision in the damaged eye.

Schmidt Rimpler states that wounds which run across the rim of the cornea deep into the scleral limbus are always

grave because there is danger of cyclitis and sympathetic affections of the other eye.

Lawson states that wounds of the sclerotic are always more dangerous to the integrity of the eye than wounds of the cornea.

Now I want to say a few words in regard to that very troublesome complication which so frequently accompanies penetrating wounds of the cornea—prolapse of the iris. If I get to see the case soon after the injury, I make an attempt to reduce the prolapse, but I must candidly admit that I rarely succeed in accomplishing this, and in the cases where I have succeeded the prolapse has reappeared again soon after its reduction. For this reason I think that on the whole it is better surgery to excise the prolapse from the start, and not dilly-dally, trying to restore it by means of atropia, eserine or other means.

Prof. Galezowski, of Paris, my former teacher, thinks, however, that ordinarily it is much safer not to perform this operation, but to be satisfied with applying a compress over the hernia.

Noyes also thinks that the iris may be replaced and held in position by the frequent use of eserine.

Juler thinks that an attempt should be made to reduce the hernia of the iris if seen soon after the injury.

Prof. Zehnder, in his "Handbuch der Augenheilkunde," states that the advice is given to restore the prolapsed iris by means of a fine probe or otherwise. "We have never been able to convince ourselves of the probability of carrying out such a feat."

Haynes Walton says much has been said about the rules governing the return of the prolapsed iris, but, according to his own experience, he has never yet been able to accomplish this feat.

Berry states that if the iris has been bruised and the case has only come under observation some days after the accident, the prolapsed portion should not be replaced, but removed with the iris forceps and scissors.

Swansy, of Ireland, advises abscission if attempts to replace it fail.

Schmidt Rimpler advises after cleansing the wound with solution of corrosive sublimate, if the iris has prolapsed into the wound, in case it is impossible to restore it at once, by means of myotics or mydriatics, it should be excised, and atropine employed.

Schweigger, in his "Handbuch der Ophthalmologie," states that if prolapse of the iris has occurred, it is but seldom, and then only during the first few hours after the injury, that its reposition is possible. If it be not successful the prolapse should be cut away with the scissors.

Meyer, of Paris, in his "Maladies des Yeux," states that if we do not succeed in reducing the hernia of the iris at once, by exciting contraction of the pupil by rubbing on the upper eyelid, or by using atropine and pilocarpine alternately, we must excise it with a small knife or a pair of scissors.

Norris and Oliver state that if the iris has prolapsed, the protruding portion should be snipped off with scissors, and if we have reason to suspect infection, the actual cautery should be applied to the stump.

In conclusion, it must be remembered that any penetrating wound of the eyeball by which the iris or ciliary body, or both, become entangled in a cicatrix and is dragged upon, always contains an element of danger to the other eye, and the prompt enucleation of the injured eye on the appearance of symptoms of sympathetic inflammation is the only thing that will save the sound one. These symptoms may come on at any time during the healing of the injury, or they may come on months, or even years, after the healing process has been completed. For this reason, in the treatment of these injuries, it is good surgery to see that the iris is free from the edges of the wound before the healing process takes place, or at least before it is finished.

DISCUSSION.

DR. LOUIS STRICKER: There is probably nothing which comes under the care of the oculist which is fraught with so much doubt as to the proper method

of treatment to be pursued in the individual case as "injuries of the eyeball." We all know what to do until we have the case, and then we wish that we had not seen it. The literature concerning injuries of the eyeball is no doubt well known to all of you, as well as the theories which have been evolved and which serve as an index as to the mode of treatment to be pursued.

The doctor desires to direct attention to the relation of the iris to the injury, more especially when this has been drawn out into the wound. This question has been most thoroughly studied and settled by German investigators, who have shown that cicatrization of the iris in the corneal wound bears with it a most insidious and constant danger, not only to the injured eye, but to the good eye. As long ago as 1878 Leber ("Ueber die Inter-celluläre Lücken des vorderen Hornhaut Epithels in normaler und pathologischer Zustände," *Graefes Arch.*, xxiv, p. 24, 1878) showed that where the iris, ciliary body, or even the capsule of the lens, cicatrized in the wound, they gave rise to slight differences in niveau, the formation of slight nodules; the epithelial covering of these is very apt to be stripped off. Now should microbic infection occur the condition is produced which leads to inflammation. This has been proven by the subsequent investigations of Wageman ("Ueber die operationsnarben und vernarbte Iris vorfälle ausgehende Glaskörper Eiterungen," *Graefes Arch.*, xxxv, Bd. iv, p. 110, 1889), who has further shown that microbes gain entrance along fistulous tracts years after an apparently successful operation. For this very reason operations of iridodecisis, tattooing and drainage were abandoned. Not so long ago Knapp made the statement that he believed that the cutting off of a piece of prolapsed iris opened the channels for an infection which subsequently produced sympathetic ophthalmia.

I would take issue with the doctor when he says that a clean-cut wound offers no dangers of infection. I would rather say a clean cut *non-infected* wound. In one of his cases reported a small spicule of stone got into the

anterior chamber. This spicule, which I believe he does not report as having removed, in all probability carried with it a microbic infection which produced a subsequent iritis and hypopyon keratitis.

The whole question of sympathetic ophthalmia is of the deepest interest to every one of us, and every time we are in the presence of a case of perforating wound of the eyeball, the question comes up as to whether it is advisable to remove the eye. Some tell us that while we wait and debate the matter infection extends beyond the globe, gains entrance to the subvaginal lymph space, and though we subsequently remove the originally infected eye, we are now too late; the eye should be removed before this has had time to occur. Others believe that the tension of cicatricial bands or an incarcerated iris cause a ciliary neurosis which is transmitted to the good eye. We cannot have an inflammation without the presence of either a chemical irritant, the action of pathogenic microorganisms, or the free action of their ptomaines or toxins. (Such, I believe, is the teaching of modern pathology). Hence, I do not see how the neurotic theory remains tenable unless we assume that a long-continued ciliary neurosis prepares a soil suitable for the subsequent growth and action of microorganisms or their products, should these, through any cause or medium, gain access to the second eye (be this by means of the circulation or along the sub-vaginal lymph space). If a patient has had malaria or syphilis this soil might predispose to an infection of the second eye. The ciliary neurosis prepares the soil on which subsequently germs may lodge, and in this way produce sympathetic ophthalmia.

Every injury of the eyeball is fraught with danger for the subsequent usefulness of the eye, to say nothing regarding its fellow. Those of the anterior chamber are not as serious as those which penetrate the ciliary body or extend posteriorly to this line. Blood in the anterior chamber is of slight significance, prognosis always depending on the source of the blood. When blood

appears in the vitreous it may be derived from retina, ciliary body or choroid, and in these cases the conditions and prognosis, as a rule, are grave. Every case is a law unto itself, and no fixed rules of treatment can be laid down. It is well enough to try to be conservative, but this should not be carried to such a degree as to become an element of danger itself. The extent of the injury must to a large degree be our guide, and likewise the point of injury. Those of the cornea are not nearly so important as those in the ciliary region. Foreign bodies in the vitreous or even farther back in retina or choroid, as a rule, lead to a disastrous result. If the body is in the anterior chamber you may easily succeed in removing it, but if in the vitreous often as much damage is done in attempted removals as if the body were permitted to remain in the eye and observed for a time to see how the globe will react to its presence, always ready, however, to enucleate should the eye become irritable or the vitreous become purulent.

Only aseptic wounds or aseptic foreign bodies permit of even slight hopes of saving a wounded eye, and one is only courting disaster to try and save a seriously wounded, to say nothing of an infected eye.

Operating with Gloves.

Operating with gloves has, we are glad to say, gone out of fashion in Germany. It never had any excuse except to save the surgeon from washing his hands thoroughly. Mickulicz, in Breslau, and Kocher, in Berne, still use gloves, although the latter is not so particular about them as he used to be. If any gloves are worn, the consensus of opinion seems to be that they should be made of cotton or silk. Every one who has used them, and discarded them, said that they interfered materially with the tactile sense, and the aseptic results were little improved.—*Post-Graduate*.

DEFECTIVE nasal breathing in early life is an etiological factor in many ear and throat affections of later life—*Med.*

Summary.

HEMORRHOIDS.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

Hemorrhoids, according to the Greek, means bleeding of the veins of the rectum. They may be arterial or venous. The veins or arteries become enlarged. Bleeding is not constant, so the name hemorrhoid is not absolutely correct. But for all time hemorrhoids have been associated with or pertain to disease of the anus and rectum.

None are exempt from hemorrhoids. The rich, the poor, the young, the old, all have them. I presume they will continue to afflict the human family for all time. Doubtless the same causes will exist in the future that do to-day, and as like causes produce like results, so hemorrhoids continue to be.

I do not believe there is a more common disease than piles. Hardly any reach twenty-five years of age without having suffered with them more or less. We may say that they are a universal disease. Some have had hemorrhoids nearly all their lives. I once treated an old gentleman of eighty years of age, who told me he could not remember the time that he did not have piles. Many defer treatment on account of their being so common; many think they cannot be cured, and they are destined to carry them to the grave. Many women defer treatment on account of the exposure necessary in their treatment.

Hemorrhoids have always been divided into external and internal. External piles are external to the sphincter muscle, and are covered with skin; internal, on the other hand, are above the sphincter muscle, and are covered with mucous membrane. Internal piles that have existed any length of time come down below the sphincter muscle during the act of defecation. They can be pushed back above the muscle, where they will remain. External piles cannot be pressed above the muscle, but remain upon the outside. It is not difficult, as a rule, to diagnose the nature and kind of the hemorrhoids. I have known internal piles to have remained down so long that their mucous cover-

ing has had almost the appearance of skin. External piles have a bluish or purple look, somewhat like the color of a ripe Concord grape. There may be a number about the size of a grape, or there may be only one or two, but much larger. I have treated external piles that were as large as a medium-sized hickory nut.

It would be difficult to enumerate the so-called causes of hemorrhoids. There is not much difference in respect to the occurrence in the two sexes. If any difference, probably men are affected more than women. Those of sedentary and inactive life suffer more than those who are active. This may be explained by the reason that those who are quiet are more subject to constipation than are those who are active.

What are some of the causes of hemorrhoids? It appears to me that there is a deficiency somehow in the anatomical structure of the rectum. It seems that at the creation man was intended to go upon his feet and hands, and not to walk erect. When he did assume the erect condition, on account of the rectal and portal veins being without valves, simple gravity might be one great cause of hemorrhoids. I believe there is nothing similar to piles in the brute creation. The rectum is abundantly supplied with veins, but these veins, together with the portal veins, are different in their construction from all other veins of the system. They have no valves, as veins have elsewhere, to assist in the circulation of the blood. The hemorrhoidal veins also, as they pass upwards, go through little depressions or slits in the muscle, which it is claimed compress them at these points, hence lessening their calibre and thus causing an obstruction to the free flow of the blood through them. This obstruction causes the veins to enlarge, and in this way may produce piles. However this may be, I am satisfied that hemorrhoids are brought about by pressure of some kind upon the veins. This may come from many causes. I will enumerate the more common. I think that constipation is more commonly the cause than any other one thing. Nearly all who have internal

hemorrhoids are constipated. Then an enlarged womb, either from disease or pregnancy, is a frequent cause of piles in women. In fact, a woman seldom ever passes through pregnancy without having hemorrhoids to a greater or less extent. Enlarged prostate glands in men and enlarged ovaries in women, I believe, may produce hemorrhoids. A stone in the bladder or a stricture of the urethra may cause piles. Cathartics, especially senna, aloes and podophyllin may produce piles. Irregularity in eating, sleeping and going to stool are prominent causes of hemorrhoids. Railroad engineers, firemen, conductors and brakemen are very subject to this disease. This can be accounted for by not being regular in answering the calls of nature. Still I believe the constant jar of the engine and cars is more often the cause than the irregularity.

About the only other diseases that might be taken for hemorrhoids are polypi, prolapsus, cancer and compacted feces. Polypi are rounder and smoother than piles, and almost always have a pedicle which attaches them to the rectum. Cancer is harder and more nodular. Prolapsus is more uniform, embracing the entire circumference of the bowel. Piles, as a rule, bleed only when down, so if we have continued bleeding from the rectum we must look for some other disease than piles. Compacted feces may be taken for piles. Not long since a lady was sent to me by a very eminent physician to be treated for piles. Upon examination I found no piles, but found the rectum and part of the colon filled with hard, compacted feces.

Simple applications will not cure internal piles. External piles, when inflamed, are very painful. The most common form is a clot of blood in a sack or ruptured vein. They form quickly. They may form during the act of defecating, especially if the action be hard and the patient has to strain much in expelling it. They feel very much like a large pea—that is, in a few hours after they form, enough time having elapsed for the clot to become hard. It is well in one subject

to external piles to avoid eating or drinking anything which will have a tendency to stimulate or constipate.

We have also tabs of skin around the anus that are classed as external piles. They are not actually hemorrhoids, but the result of hemorrhoids. If not inflamed they are simply an annoyance, and interfere greatly in obtaining cleanliness of the part. When inflamed they are painful.

I treat external piles as follows. If my patient will not submit to the slight operation necessary for their relief, I give them the following ointment to use :

Opil powd.	3i-ij
Tannin	3i
Subnit. bismuth	3ij
Borated lard	3ij

M. Form ointment.

This I apply as follows: Spread upon a thick cloth or lint, apply to the anus and fasten with a bandage.

The way I apply a bandage is, first, put a bandage around the abdomen, pin with safety pins; then take a longer bandage about three inches wide, pin to the bandage in front, pass it back between the legs and put round the bandage on the back, then bring back again, etc. This bandage may be put on each side of the penis and scrotum. We can keep ointment on in this way, but if we simply apply it with the finger the clothing will soon rub it off and we do not obtain the continued effect of the ointment. The patient had better for a week live upon a light diet. The bowels had better be kept open by some of the mineral waters. I like the Apenta. It acts very efficiently and it is not necessary to take very much of it. Sometimes a few doses of calomel are useful, especially so if the patient lives in a malarial locality.

If the patient will submit to an operation we should open the tumor freely and press out the clot. I then swab out the sack with carbolic acid and glycerine, equal parts. I now fill the sack with absorbent cotton; over this I use boracic acid and apply cotton, fastening with a bandage. If we do not use these precautions the opening is apt to close and we will have to reopen. No

patient will thank you for having to open a pile the second time. The patient, if he can, had better keep quiet for a day. Removing the clot in this kind of a hemorrhoid gives wonderful relief. The skin variety, or tabs, had better be cut off. Catch them with a toothed forceps and trim them off with a curved, heavy-bladed scissors. It is advised not to cut them very close to the anal opening, for fear that contraction or stricture may take place when they heal. I do not think there is much danger for a condition of this kind to take place. I have never had such a result. We may inject a 4 or 6 per cent. solution of cocaine in several places in these tabs, and thus locally anesthetize the parts so the cutting will not be painful. We may freeze the tabs and remove them without pain. The objection to freezing, however, is that the thawing process is painful. Sometimes we may have considerable bleeding from this operation, but a compress bandaged on tightly will stop it. I now apply boracic acid freely to the cut surface and cover with cotton and bandage. It is not necessary for a patient to go to bed from this operation. He had better remain quiet, however, for a few hours.

I believe if we should divulse the sphincter muscle before treating external piles we would have less suffering from the treatment, a more speedy and better cure, and much less liability of a recurrence.

Room 30, Courier Journal Building.

IN small, frequently repeated doses, bryonia relieves nervous excitation, lessens the tension of the arterioles, diminishes the frequency of the pulse, gives freedom to the circulation, reduces temperature and promotes waste and excretions.—*Med. Summary.*

WHEN you have blood on your hands, first wash them in pure water. Using soap at first is a mistake, as soapy water does not dissolve blood rapidly. Clear water and a nail-brush should come first, soap next.—*Med. Summary.*

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CINCINNATI, APRIL 14, 1900.

Editorial.

THE SALINES.

There are certain remedies which seem to be especially indicated at particular seasons of the year, and as the spring opens up there is an intuitive feeling that is not confined to physicians calling for an eliminative, laxative remedy.

Formerly, blood-letting was regarded as essential for a disposal of waste accumulations, and it was effective, but repugnant. Drastic cathartics became a substitute, and these in turn have been replaced by the efficient salines. These preparations are now in almost universal use. The laity have learned their specific value and purchase them in quantity.

At the head of the list is sulphate of magnesia, a remedy that enters largely into many of the natural spring waters which are placed on the market and have a large sale. A mere mention of the Apenta and Hunyadi waters justifies a statement that their sales have been so great as to show an actual doubling of their use every two or three

years. Their acceptability has become general.

In the face of these facts there are others. The old seidlitz formula, for many years so popular, is being rapidly superseded by Abbott's effervescing salt, the sale of which is increasing with marvellous rapidity, and is made especially valuable because the active constituent is sulphate of magnesia.

As a reliever of the malaise of spring fever, there seems to be nothing equal to the magnesia preparations; without danger of ptyalism, they not only excite to action all mucous and serous membranes, but effectively influence the glandular system and lower perceptibly elevated temperatures.

The salines are not nostrums or cure-alls, but are useful adjuncts to many other remedies, adding greatly to their efficacy. They should be taken from the list of ordinary domestic remedies, and when indicated physicians should prescribe them by their technical names. The psychic influence of a physician's prescription should always be retained, which cannot be done by telling a patient to purchase an ounce of Epsom salts and take teaspoonful doses as directed. To be sure, the salts will work, but they also work against the interest of the prescriber.

There ought to be as great care and caution exercised in writing for or in dispensing the salines as in the case of any other pharmaceuticals. There is altogether too great a tendency to self-medication, and this is very frequently due to methods of practice on the part of physicians. There should be a remembering of the fact that it is not so much the prescription itself that is called for as it is the concurrent professional advice of the occasion. The doctor that says, go and get an ounce of salts and take as he directs, abso-

lutely lowers himself professionally in the eyes of his patient, no matter how valuable his other directions may be.

The materia medica is the same for the most learned and unskillful in the profession alike; the use of its contents is differentiated by advice given. It is the diagnosis and advice that gives confidence. These should never be separated, nor should they in turn be divorced from the cabalistic prescription. Psychic influences will both kill and make alive. Hence, their beneficence, of which advantage should always be taken. No physician ever attained a reputation worth having by giving directions to patients to take so-called domestic remedies. All such remedies have a technical name, and when given should receive their proper appellation.

There is no objection whatever to a teaching of hygienic lessons to the people. They cannot know too much of the laws pertaining to a preservation of health; but when the pathological conditions of ill health manifest themselves the professional services of a physician should ordinarily be sought and his advice followed. This advice should not have the glamour of mystery, but be given with a gentle firmness that conveys a positive meaning, from which serious risks are taken when vacillation follows.

Just as much scientific knowledge may be displayed in prescribing sulphate of magnesia as in sulphate of eserine or strychnia, and the latent psychic influence may be as desirable in the one instance as the other. In giving professional advice let this little admonition receive a favorable consideration.

DR. CLARK DAVIS has been appointed Health Officer of Cincinnati.

COMPENSATION.

All physicians are directly interested in their professional fees, and most of them consider the subject from varying standpoints. A few start in life with exalted and sometimes exaggerated ideas of their own importance, while others are inclined to be over-modest and humble in a conception of their professional dues. Between these extremes there are all degrees of financial perceptions.

Some communities are blessed with one or two great, strong men who intuitively reason out a theory of their own usefulness to the people among whom they live, and base their fees accordingly. Such men are as the very salt of the earth to their professional brethren. Upon their charges hinge the charges of a score or hundred other practitioners. Always the soul of honor and uprightness, their integrity is never questioned. They are never accused of surreptitious innovations in other fields than their own, but strictly attend to their own affairs, discriminatingly letting others alone.

A doctor living in a country town once said to the writer that the physicians of his county could well afford to support Dr. G., naming a professional neighbor. Asking why, "Well," he said, "personally I do not like him one bit, and don't have much to do with him; but could well afford to contribute to his support because he always charges good fair fees, and stands for his rights every time. That makes collections comparatively easy for the rest, and wherever there is difficulty he is selected as the arbitrator." And again said, "I don't like old G., but he is the soul of honor. That man old G. in his life was a continuous benediction over a whole county." Fortunately, there are others

of his kind scattered here and there over the land.

Most physicians have a pretty fair appreciation of the ordinary value of their own services, and the man who rates himself as worth twenty-five to fifty cents per call is usually not far wrong in his conception. The same may be said of the man who makes a one-dollar rate, and the rule continues to apply to the two- and three-dollar man.

In cities it is not possible to make fixed-charge men. There are those who seek service and small prices. As one once said, "I sought a business among the poor classes who could not pay much." He recognized the fact that he himself came from their ranks, was one of them, knew that he was uncultured, and had a limited education, which made him unfit to enter milady's chamber. Then, in contrast, there is the man who would be out of place in the cottage or tenement of the laboring man, but with refinement and education just naturally seeks association among those of his kind. Each has his place, and together they touch elbows in the ranks of the now great medical army.

Fixed, inexorable laws as to professional charges for services cannot be enforced. This, however, does not prevent a creation of fee bills, which act as guides of reference, and should be constructed somewhat according to the average ability of the people in any community to pay, with perhaps a maximum and minimum rate. The practice of medicine is not a trade, where the price of day's time can be fixed with uniformity; nor is it a commercial pursuit where a given commodity can be measured or weighed out at a fixed price and sold alike to rich and poor for the same sum; and

yet a service of the very highest order is demanded of those who constitute the medical profession, for many times to the parties concerned it means a life or limb at stake, and all that a man hath will he give for his life. With such conditions confronting it is the rarest thing in the world for a physician to take an undue financial advantage of a patient. On the contrary, it is not one of the rarest things in the world for malpractice suits to be brought against physicians, and that when there is neither cause or justification.

FOOD ADULTERATION.

In a recent suit brought by the Ohio Food Commissioner against some oleomargarine manufacturers in the northern part of the State the law under which the prosecution was made was declared valid by the Supreme Court, and the factories are obliged to close shop. It is claimed that this decision is very far reaching, and will affect some other food industries.

"Just as good" as a given article called for in a store is never true. The item is either better or worse, and as a substitute it becomes a counterfeit, and to carry on counterfeiting is a felony. To counterfeit money is an unjustifiable felonious crime. To counterfeit food-stuffs is, if possible, worse, and it is a step further in criminal degradation to counterfeit medicinal remedies. Food-stuffs are apparent and brands of manufacture easily observed by purchasers, but medicines are sold on the integrity of the pharmacist, and for him to engage in a substitute or counterfeiting process may be a means of robbing a patron of health or of life itself. An apothecary should at frequent intervals make careful inspections of stock, and destroy or make good all deteriorations,

This will oblige charges for goods sufficient to cover such losses.

It is hoped that the recent Supreme Court decision referred to will efficiently bar from the trade all lines of adulterated food products, and that brands noting the goods as being of the Ohio standard of purity will become universal. This will be a great boon to honest manufacturers and merchants, as well as to the people who are the consumers.

EDITORIAL NOTES.

UNION DISTRICT MEDICAL ASSOCIATION.—This association will meet at Liberty, Ind., Thursday, April 26, 1900.

PROGRAMME.

1. Abortion, Management and Treatment of. Dr. H. H. Smith, Reiley, Ohio. Discussion opened by Dr. W. D. McQueen, Camden, Ohio.
2. A Plea for the Prepuce. Dr. H. D. Hinckley, Cincinnati, Ohio. Discussion opened by Dr. W. D. Handcock, Millville, Ohio.
3. Tuberculosis in Children. Dr. W. E. Risinger, Abington, Ind. Discussion opened by Dr. J. C. Sexton, Rushville, Ind.
4. Chorea. Dr. Wm. N. Megee, Rushville, Ind. Discussion opened by Dr. L. D. Dillman, Connersville, Ind.
5. Doctors' Complaints. Dr. Mark Millikin, Hamilton, Ohio. Discussion opened by Dr. W. O'N. Mendenhall, Richmond, Ind.
6. Paper. Dr. G. F. Cook, Oxford, Ohio. Discussion opened by Dr. T. A. Dickey, Middletown, Ohio.

OHIO STATE PEDIATRIC SOCIETY.—

The following is the preliminary programme of the next meeting at Columbus, May 8, beginning at 2 P.M., and continuing afternoon and evening and following morning, if necessary, to complete programme.

1. Treatment of Hernia in Children. F. F. Lawrence, M.D., Columbus.
2. Epidemic Catarrhal Fever. G. W. Morehouse, M.D., Sparta.
3. Convulsions in Children. Wm. A. Dickey, M.D., Toledo.
4. A Case of Chorea Following Removal of Tonsils and Adenoids. E. A. Montenyohl, M.D., Akron.

5. Acute Mastoiditis Following Infectious Diseases, with Report of a Case. John W. Murphy, M.D., Cincinnati.

6. Sources of Milk Contamination and Its Prevention. D. S. Hanson, M.D., Cleveland.

7. Intubation and Anjitoxin. H. H. Jacobs, M.D., Akron.

8. President's Address. J. Clark Miller, M.D., Massillon.

9. Concerning the Prevention of Lateral Curvature. Albert H. Freiberg, M.D., Cincinnati.

10. Statistical Study of Defective Vision of Cleveland School Children. L. K. Baker, M.D., Cleveland.

11. Paper. (Title not yet received). D. N. Kinsman, M.D., Columbus.

12. Two Attacks of Epidemic Meningitis Occurring Inside of Three Months in a Little Mute, Aged Seven Years. Chas. J. Aldrich, M.D., Cleveland.

13. Adodynies in Children. R. R. Pettit, M.D., Dayton.

14. Dosimetric Medication in Pediatric Practice. M. Borts, M.D., Cleveland.

POST-NASAL adenoids in children are blamed for the causation of quite a number of general diseases.—*Med. Summary.*

URIC ACID AND ITS ELIMINATION.—Editorially (*Medical Brief*, February, 1900) this vital subject is ably considered. Investigation strengthens the belief that eating too much meat is responsible for the formation of uric acid in disease-producing quantities. To dispose of meat satisfactorily gastric digestion must be active, the constitution well supplied with fluids and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached and the requirements of the constitution are chiefly for food to supply energy, heat and vital stimulus. At this period in life a small amount of meat or other albuminous food will suffice, especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs and the constitution of the individual also help to determine the symptoms; one person may have asthma, another an irritable bladder, and another sick headache or rheumatism. In the treatment diet is highly important. Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are excellent substitutes for meat. Pure honey is always allowable. In uncomplicated cases lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

"What Is a Homeopathic Physician?"

In a communication to the *N. Y. Med. Times*, February, 1900, Dr. George L. Freeman, of Glen Head, N. Y., says:

The following definition was adopted by the American Institute of Homeopathy at its last annual meeting: "I define a homeopathic physician as one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." The same idea was expressed in more concise and epigrammatic form by Dr. Chas. E. Walton, ex-president of the institute, in a recent address, when he said of the homeopathic physician that "he is a compound of all that is good in all systems." The "sparkling and forceful" speaker (we quote from the *Medical Era*) also remarked that "when the administration of an attenuated medicine is followed by a cure, it may be a coincidence; but the fact is, homeopathy makes a specialty of coincidences." He reminded his audience that "two thirds of all acute diseases will recover on nothing—and plenty of it;" and that, "after the science of homeopathy has been taught, its successful application resides in the man behind the prescription." Here, then, we have the formal text—the official utterance—and the "scintillating" commentary. Taken together they throw a very convincing light upon the present relative situation of the erstwhile contending "schools." Less than a generation ago what Dr. Walton now puts forward as homeopathy's distinctive merit was precisely the gist of the old school's heaviest charge against the system; and precisely what such champions as Carroll Dunham were earnestly engaged in refuting. It was the patient's superstitious faith, and the personal influence of "the man behind the prescription"—these and these alone—which were the efficient causes of every homeopathic cure. And

now leading representatives of homeopathy openly declare that these allegations are perfectly true, and recognized as such by all homeopaths! What must next follow upon this change of front is already clearly apparent. Editor Porter, to be sure, protests that, although "the term 'homeopathic' will undoubtedly be dropped some time as the name of a distinct school of medicine, that time will never come until our old school friends will admit the truth of the homeopathic law," etc. No doubt our virtuous colleague—like Donna Julia, who, "whispering she would ne'er consent, consented"—will keep up this kind of resistance almost to the last. Bro. Foulon, however, that veteran of the *Clinical Reporter*, boldly acknowledges that this pretended barrier is down already. "The law of similars," he says, "is admitted by our antagonists as practically correct." In proof of which, I need only refer to Dr. Ewart's explanation of his proposed treatment of heart disease by the use of carbonic acid, as reported by the London correspondent of the *Therapeutic Gazette*, in the December number of that journal.

After Dr. Pyle's admirable presentation of the case in last month's *Times*, it would be superfluous for me to offer any further argument in favor of "retiring the word 'homeopath' and graduating the student a free, untrammelled physician in the most liberal sense."

"There's a good time coming, boys;
Wait a little longer!"

[The above indicates that our homeopathic friends are getting along in right lines and earnestly getting ready to abandon the dogmatic name.—ED.]

The Twin Bed Fad.

In the homes of wealth and refinement one sees more and more of twin beds—for use by married people. This means separation of husband and wife oftentimes in "more ways than one!" To be sure the idea may have originated in those who have lived for a longer or shorter time on the continent of Europe, where double beds are almost unknown.

It is certainly more "Frenchy" than "English," and its boasted healthfulness as compared to the "double beds" of old-fashioned (?) married life is decidedly a matter of doubt to many sensible physicians, and others not medical. The married life of the days of our ancestors knew little of twin beds, but much of the trundle beds for the children. There were more children in those days, and families were larger and healthier and happier. The wives were more domestic, less interested in politics and doubtful philanthropies. The nursery was a cheery room and interesting, too, and the music of the voices of happy children filled every home.

The family bedroom was a clear, comfortable apartment, neither large nor small. It was neither sensual nor barren. Christian books and pictures adorned its homeliness. It was a room fit to live in, and suitable to die in. It reflected the motherhood of the honorable wife, and the children of the household entered it without fear or dread. Matronly dignity and worth, adorned with womanly affection and feminine nicety, stamped it as a region of priceless honor and happiness.

The marriage relation forms a new life, a union of husband and wife, and "they twain shall be one flesh." It is a mysterious and holy union, and has for its object not only the living together in happy union, but as a good priest once said, "the privilege of peopling Paradise." It is a relationship so sacred that the impudent demands of fashion should have the door slammed in its face. The married man and woman unite their strength not only to resist outside enemies, but to protect health and strengthen and preserve life, and God blesses the normal, faithful union of man and wife; and of His blessings one of the best and most precious is good health.

The married man or woman lives longer, is more happy and contented, more concerned about everything which brightens, endears and encourages home. Physically, the married life imparts strength to each and encourages and conserves that indescribable condition

known as essence of life — *purpura vitæ*.

The living in separation and loneliness, is, on the other hand, disheartening, depressing, and induces a lowering of the vital forces. Diseases are more readily acquired, convalescence is retarded, recovery more doubtful. Statistics easily prove that married life tends to longevity. Bachelorhood is an undesirable condition for the individual, and for the community and nation in which he or she lives as well.

The contact of healthful, normal people in the relation of married life increases strength and prevents the attacks of disease from succeeding in many instances. Vital force and power, warmth and strength, pass from one to the other during the sleeping moments and without loss; each has increased vital resources and strength of life. That this contact with each other is beneficial in normal life is beyond doubt. Not only do married couples defend and sustain the constitution of each other, but two men sleeping together increase their powers to resist disease, to maintain animal warmth and to preserve life (but, of course, only in the married is such a custom desirable). I have realized this, in camping in the open, many times. Had I been forced to sleep alone I might have perished. General Greeley and other arctic explorers have confirmed this. Of course, where the physical conditions are unequal, or where one is more or less ill from tuberculosis, fevers or other wasting diseases, the healthful person gives up to the weaker more or less of life force. In the Bible we read that the physicians of King David, when he was dying, recognized this fact and asked a healthy young maid to nourish and warm the feeble old king. Such is not the normal condition of married life. Where there is sickness an abnormal condition exists requiring special provision for the time being. There are conditions where the admirable laws of hygiene, as found in the Bible, should be insisted upon, and where decency and good taste and unselfishness should prevail.

The twin bed idea is but one step in

bettering the formal marriage contract system where the "high contracting parties occupy separate rooms." The apartments of kings and queens may be separated by court etiquette, but the married couple, happily wedded, desire no separate rooms or separate beds. The separate bed must have been a necessity in the days of plurality of wives, but we need not follow ancient customs created by such necessity. Those who consider it unhealthy to sleep with husband or wife must have some very good reason for such a departure from good old homely customs. Good morals are not improved by separation of married people. To love and to cherish may be possible in separate houses, apartments or beds, but the old-fashioned ideas which are genuine will not be argued out of existence. The world is cold and cruel and formal enough without submitting to the exactions of hollow "society" regulations. We may add that cremation, individual communion cups and separate rooms or beds for married people, are fads which are likely to be found in close neighborhoods, if not in the same families. Married life should be one long, sunny dream, never chilled by the dictates of formal fashion.—W. T. PARKES, M.D., Westboro, Mass., in *Med. Brief*.

Spontaneous Escape of Cerebro-Spinal Fluid from the Nose.

Several years ago Fenger reported a rather remarkable case of what at first had seemed to be a polypoid intranasal growth. Following its removal by means of the snare, clear fluid began to drip from the nose. This the astute surgeon-pathologist quickly recognized as cerebro-spinal fluid. When the attachment of the mass high up in the nose was severed the patient accidentally swallowed the loose piece, but he soon yielded it up again in response to emetics, and the microscopical examination showed that a portion of an intranasal meningocele had been cut off. In the meantime the nose was carefully plugged with sterile material, and when the diagnosis had been definitely settled, Fenger made a trap-door in the

patient's face and sutured the edges of the dura, thus preventing meningeal infection. Prompt and permanent recovery ensued. This case illustrates in high degree the value of surgical skill and courage coupled with a more than ordinary knowledge of pathological possibilities.

Recently St. Clair Thomson has established the entity of an hitherto unknown or unrecognized affection, *i.e.*, the continuous and spontaneous escape of cerebro-spinal fluid from the nose. The *British Med. Journal* for September 23, 1899, devotes a leading article to this "discovery of a new disease." Thomson has shown that the cerebro-spinal fluid may flow from the nose uninterruptedly for months and even years without other evil results than annoyance on account of the constant dripping. A careful search in the literature was rewarded with the finding of eight cases similar to Thomson's, and twelve of probably the same kind, most of them having been described simply as "dropping of watery fluid from the nose." The diagnosis of cerebro-spinal rhinorrhea is easily made when it is found that there escapes constantly and for long time, a perfectly clear, watery fluid, which is free from taste, smell and sediment, without albumin and mucin except in the minutest traces, and when Fehling's is reduced by it. As to the route of escape by the fluid from the pia-arachnoidean spaces, the most plausible conjecture is that it finds its way along the perineural sheaths of the olfactory nerves, although there was no perversion of smell in Thomson's case. Thomson also suggests that increased intracranial pressure may play an etiological rôle, because in no less than seventeen of the twenty-one recorded cases there were cerebral symptoms, and eight presented retinal changes. The cerebral symptoms were, however, of such an indefinite character that no opinion can be formed as to their real significance. Advantage was taken of Thomson's case to study the composition of the fluid and the variations it presents under different circumstances. The results of this investigation are recorded

in Thomson's book, and form also the basis of a report by Thomson, Hill and Halliburton to the Royal Society.

It is, of course, of the greatest importance that cerebro-spinal flux from the nose be correctly and promptly diagnosed; local medication does not offer much chance of success, and the most painstaking care must be exercised lest infection be conveyed within the cranium by the fluid. Some of the cases mentioned by Thomson died from inflammation of the cerebral meninges, and the likelihood of infection spreading into the meninges from the nose under these conditions is certainly pronounced, the nose being currently held as the port of entry of bacteria in certain forms of acute meningitis. — LUDWIG HEKTOEN, M.D., Chicago, in *Indiana Med. Journal*.

The Romance of Quinine.

There is no part of the civilized world where the use and efficacy of quinine in the treatment of fevers are not known and appreciated. Forty years ago most of the cinchona bark came to the East from the slopes of the Andes. In those days the bark used to be packed in hides and carried by hand or on mules, and on boats and rafts, for thousands of miles down the river Amazon. Known for ages to the natives only in one locality, and so distrusted by them that it was never carried in the wallets of their itinerant doctors—so that it is said with some show of truth that Peru is the only country where Peruvian bark is not used. It is a question, however, whether many readers outside the medical profession know how the name cinchona originated. The story goes that it first came into notice in 1638, when the Countess Chinchon, wife of the Viceroy of Peru, lay ill at Lima of a tertian fever. The corregidor of Loxa, hearing of her illness, and knowing the reputed virtues of the quina bark, sent her a parcel of one of its varieties, which, administered by her physician, brought about a rapid and complete cure.

The variety of bark, however, was one that abounds in cinchonidine, and

it was probably this alkaloid, and not quinine, that cured the countess. Two years afterwards the woman returned to Spain, bringing with her a supply of the precious quina for the use of the sick on her husband's estates, and its reputation gradually spread under the name of countess' powder. In 1670, the Jesuits sent some parcels of the powdered bark to Rome to be distributed by Cardinal DeLugo, whence it became known as cardinal's powder and Jesuit's bark, with the ridiculous result that no Protestants would have anything to do with it.

One of the oft-quoted absurdities of this early trade was that to insure a monopoly—always a monopoly—the Jesuits persuaded the Pope to draw a line across South America beyond which no tree should be recognized as yielding quinine. It might be an unmistakable cinchona, all the same, but a cinchona it could not possibly be, as it had had the audacity to grow beyond the Pope's line; and anyone who refused to accept the evidence of his senses was promptly treated as a heretic.

The Jesuits were jubilant, and sold the bark at high prices in Catholic countries, vaunting it as an infallible remedy, under the name of *Pulvis Patrum*. It was John Talbor, an English apothecary, who broke down the prejudice against it by the number of cures he effected by its means, without revealing its name; he became prominent enough to be knighted by Charles II in 1687, and next year, as physician in ordinary, he cured the King of a tertian fever. Passing over to France the same year he cured the Dauphin and a few other personages in high places, and sold the secret of its preparation to Louis XIV for 2,000 louis d'or, a pension and a title.

The preparation does not seem to have extended very far, for it was not until 1815 that the bark was systematically analyzed, and after that five years elapsed before the alkaloid quinine was found in it. Notwithstanding Talbor's success, the doctors fought bitterly over the new drug, those of Paris more truculently than all, the older men refusing to admit that it possessed any

good qualities whatever, and one of them going so far as to assert that quinine, as it had come to be called, was responsible for ninety sudden deaths in Madrid alone. But it made its way, all the same, helped along by Sydenham and Morton, though the prejudice against it had not quite died out in the early part of the present century, when in the Walcheren expedition many a poor fellow's life was saved by the timely arrival of a Yankee trader with some chests of bark, after the supply had entirely failed in the camp. — *Indian Lancet*.

Old Physicians' Necrology for February, 1900.

Allen, Horace R., at Chicago, Ill., aged sixty-eight years, February 13, 1900.

Billings, A. J., at Freedom, Mo., aged seventy-four years, February 6, 1900.

Bradford, Frank S., at Morristown, N. J., aged seventy years, February 6, 1900.

Campbell, William, at Port Huron, Mich., aged eighty-six years, February 21, 1900.

Cole, D. C., at Wellington, Kan., aged seventy-eight years, February 14, 1900.

Colecott, Thomas W., at Brookville, Ind., aged eighty-six years, February 19, 1900.

Dorland, Elias T., at Buffalo, N. Y., aged sixty-eight years, February 20, 1900.

Forman, Samuel K., at Jersey City, N. J., aged sixty-four years, February 19, 1900.

Gore, Joel R., at Chicago, Ill., aged eighty-nine years, February 24, 1900.

Gosler, Leven E., at Lakeland, Ky., aged sixty-six years, February 25, 1900.

Greene, Reuben, at Roxbury, Mass., aged eighty-three years, February 24, 1900.

Hangar, J. M., at Staunton, Va., aged sixty-six years, February 25, 1900.

Holmes, Edward L., at Chicago, Ill., aged seventy-two years, February 12, 1900.

Hood, Samuel P., at Knoxville,

Tenn., aged sixty-six years, February 17, 1900.

Huff, Richard, at Knobnoster, Mo., aged seventy-two years, February 17, 1900.

Johnson, D. Powell, at Muscatine, Ia., aged eighty-seven years, February 14, 1900.

Murphy, John A., at Cincinnati, O., aged seventy-six years, February 28, 1900.

Nicholas, Henry, at North Bay, N. Y., aged seventy-four years, February 10, 1900.

Ogier, Thomas L., at Charleston, S. C., aged ninety years, February 21, 1900.

Perkins, Edward A., at Boston, Mass., aged seventy-three years, February 21, 1900.

Rawson, Allen A., at Corning, Ia., aged sixty-eight years, February 26, 1900.

Schminkey, L. F., at Harrisburg, Penn., aged sixty-seven years, February 19, 1900.

Thomas, William C., at Glen Haven, N. Y., aged ninety years, February 7, 1900.

Watson, James L., at Brooklyn, N. Y., aged eighty-nine years, February 21, 1900.

Watson, Arthur, at Onancock, Va., aged eighty-two years, February 25, 1900.

Wright, Andrew R., at Buffalo, N. Y., aged seventy-five years, February 25, 1900.—Compiled from *Med. Reviews of Reviews*.

Retrouterine Hematocele.

M. Regnier spoke on the treatment of retrouterine hematocele at the Société de Chirurgie. He said since 1890 he had operated thirty-nine times, successfully thirty-six times. The method employed was laparotomy in thirty-one cases, six times for extrauterine pregnancy from two to four mouths, and four times for inundation of the peritoneum. Of the cases in which he incised the cul-de-sac he had to practice once hysterectomy because the seat of the tumor was out of reach; the patient succumbed. In another case immediate laparotomy was

rendered necessary from hemorrhage. The speaker mentioned several similar cases communicated to him by his colleagues necessitating laparotomy, while one patient died from the hemorrhage, which came on several days after the incision of the hematocele in the cul-de-sac. He consequently believed that laparotomy was justifiable in every case of voluminous hematocele, and of relatively recent date, while the small tumors should be reserved for the retro-uterine incision.—*Paris Cor. Med. Press and Circular.*

AMMONIUM bromide is a remedy for convulsions when the face is pallid and extremities cool; there is usually anemia with some prostration.—*Med. Summary.*

AFTER using iodoform, wash the hands in soap and water, and then rinse them in a little vinegar. This will entirely remove the odor.—*International Journal of Surgery.*

THE TREATMENT OF IMPOTENCE. — The proper treatment of any disease must always be one which is directed toward the removal of the cause. When the cause of a disease can be removed the relief of the disease can be effected, and the success of the profession must remain commensurate with its ability to remove the etiological factors in any disease.

Impotence is a condition dependent upon several different causes, and the causative factors in each case must be studied, and correct treatment instituted. We have much to promise those patients, I believe. Formerly the profession was content to give these patients but little hope, and no systematic treatment was brought to bear to relieve or cure this blighting condition.

Some cases of impotence are due to deformities of the penis. In these cases resort must be made to surgical means. The field of this paper will be for those cases which call for measures of a non-surgical character. Those cases requiring surgical means of relief, of course, are very rare. Defects of the testicles, such as partial atrophy, are responsible for many cases of impotence. This defective condition follows often epididymitis consequent upon parotitis or gonorrhea, or even upon bruises. In these cases there is gradual atrophy going on in the

testicle, and as a matter of course there is consequent gradual loss of manly power.

Again, the constant employment of certain drugs diminishes the desire for sexual intercourse, and in time entirely extinguishes the ability to perform the act of coition. Among these drugs may be mentioned the bromides, camphor, sodium bicarbonate, plumbi acetate, etc.

Atonic conditions of the general system carry impotence in their train. This is seen in the case of patients suffering with any constitutional diseases which sap the strength. In cases of this character the loss of tone seen in the sexual organs accords with the impairment of other organs of the body.

One of the greatest factors in the production of impotence is enlargement of the prostate gland. This enlargement of the prostate having its origin in an attack of gonorrhea which may have been contracted years before the patient applies for treatment. These cases, while they form a large percentage of causes of impotence that come under observation, are by no means those which are unpromising as regards our ability to bring about favorable results by treatment.

In the treatment of impotence due to progressive atrophy of the testicles we have as yet discovered no remedy which equals saw palmetto. This remedy improves the circulation of the testicles and the nutrition of these organs begins to take place. In these cases I employ a saw palmetto compound (Wheeler, Chicago). This in my mind is superior to any other preparation of saw palmetto, as it contains besides this indispensable agent, santal and corn-silk, and is agreeable to the palate.

In cases of impotence due to this cause the regular employment of this agent has been followed by result of the most satisfactory character. In fact many times I have had cures with this compound after other remedies had failed.

That form of impotence which is due to prolonged use of certain drugs must be treated by the removal of these agents from the patient, and by putting him on saw palmetto, as a general tonic to the reproductive organs. These cases will generally respond speedily to treatment by this kind.

In the impotence due to atonic conditions of the general system, we will find it the wisest course to put the patient on such treatment as the need of his general system may require, and supplement this with saw palmetto. For instance, if the patient is anemic or syphilitic, or has lithemia, these conditions are to be treated in the approved manner, and along with this must go the regular administration of the saw palmetto. In these cases this treatment will be found to yield us the happiest results, as it will in those cases which are due to enlargement of the prostate glands. I may say, too, that this conclusion is reached after a trial sufficient to test the value of the remedy.—ROBERT C. KENNER, A.M., M.D., Louisville, Ky., in *Chicago Med. Times.*

Translations.

THE PLAGUE IN THE EXTREME ORIENT.

New Centres of Infection in Manchuria and Mongolia—Europe Threatened by Plague from Russia.

TRANSLATED BY T. C. M.

The *Journal de Médecine de Bordeaux* of February 25, 1900, publishes the following interesting letter from Dr. Matigon, physician to the legation of France at Peking. It is timely, as it warns the world of a possible epidemic in Europe by way of Russia, and of North America by way of Siberia. We translate the entire letter.

PEKIN, January 2, 1900.

Editor *Journal de Médecine de Bordeaux*:

In running over the last number of your journal, bearing date of November 12, 1899 (you must excuse these long delays between Bordeaux and Peking), I read an article *apropos* to the plague, reporting that numerous cases of the malady had developed in Peking. The plague, at this latter date, has not yet appeared in the capital of the Son of the Sun, but will not delay much longer. I profit by this occasion to send you a short note on the plague situation in the extreme Orient.

The plague made its appearance in China in 1893, in the Southern provinces of the Empire, bordering on Tonkin. From that period it has shown itself every year with regularity, and going towards the North. Thus we have seen Mongtze, Pakoi, Lienchow, and Canton invaded at the same time. In 1894 the epidemic was particularly grave at Hong-Kong, where Yersin and Kitasato studied it. At the same period it showed itself at Amoy, afterwards at Macao and Sonatao in turn. Foutcheou was also mentioned, but there are doubts whether there were any cases at that place. Between times the disease has developed in the islands of Hainan, in the Gulf of Tonkin, and at Formosa. *At the present hour the whole coast line of China, from Tonkin to the Yang-Tze-Kiang is infected.*

In 1897, during the months of August and September, I discovered a new plague centre in the north, this time in Mongolia, 670 kilometres north-east of Peking, at Tonny-Kia-Yug-Tze; the plague was new in this region, according to the reports of the missionaries. That year the part of Niou-Tchonan, in Manchuria, was attacked for the first time by an epidemic. Nio-Tchonan, in Mandchuria, or Manchuria, is situated at the farther end of the Gulf of Petchili, a free port for European commerce for some years past, that has important trade connections with Japan, Tien-Tsin, Sonata, Amoy and Canton. The plague

made its appearance in July. The natives believed the epidemic was imported from the south, probably from Sonata. The commencement of the epidemic was slight; only a few isolated cases were noted, but in August and September the epidemic grew very severe, and the daily death-rate was large. There were two thousand deaths. The epidemic did not appear of as fatal a type as that I studied in Mongolia in 1897, for a great number of cases recovered. Usually death occurred in two or three days. The epidemic subsided the last of October, and appeared to be arrested at the end of the month.

About November 1 there was a new outbreak, but this time the plague took on the type of *plague pneumonia*; the malady was very grave, the evolution rapid, taking but three days.

The disease was not long in propagating itself outside of Nion-Tchonan. Some cases appeared at Kai-Tchou; the malady was doubtless imported there by numerous Chinese who had fled from Niou-Tchonan.

At Niou-Tchonan is found the Russian station of Noon-Kia-Toun (Cossack employés on the Trans-Manchurian railroad). Several cases of plague developed there, and there were three or four deaths.

The proximity of Tien-Tsin, and especially its commercial connections with Nion-Tchonan, leads us to suppose that the coming year this great city will also be infected. (A rumor was abroad in November that one or two cases had already developed, but I have been unable to confirm this story.) Tien-Tsin once attacked, Peking is sure to have its turn.

Nion-Tchonan has few commercial relations with Europe, but this is not the case with Tien-Tsin, that exports many wools, hairs and skins (camel and goat hides, etc.). Besides, at Tien-Tsin there are five or six French mercantile houses that make these exportations.

The plague should, from thence, reach western Europe by way of the sea, but will more readily, I think, reach Russia by the numerous tea caravans that, leaving Tien-Tsin, go by way of Kalgan, Ourga and Kiarta and meet the Trans-Siberian road near Irkousk. Russia has, besides, no need of the plague going that far to menace its Siberian frontier.

There are now three plague centres come to be pointed out in Mongolia. In my report in 1897, addressed to the French Academy, on the plague of Toung-Kia-Yug-Tze, I predicted that Dolon-Nor, a great commercial centre situated 150 kilometres to the west of Toung-Kia-Yug-Tze would be infected. From Dolon-Nor many caravans radiate around Kalgan, Ourga and the banks of the Amoor River.

At the end of October the disease appeared in central Mongolia, in the realm of Ortous, 200 kilometres to the south of the Siberian frontier at Kerolouin, near the Lake of Daloi-Nor. The first animals that seemed to suffer from the malady were marmots, from whence the affection was given the name marmot's

disease by the natives, and large numbers were carried off in a short space of time.

A very grave epidemic appeared in western Mongolia in September, 350 kilometres southwest of Orviga, at Niachik-Soun. The disease was imported by merchants, eight of whom died; twenty died besides. This type of disease was the *pneumonia plague*. Its contagion was intense, its duration short. I have the following facts from the Russian Consul-General at Ourga. A Mongol prince went to a Chinese merchant, whose companions had already died. Twenty-four hours later the prince was attacked in his town, and in three or four days he and several members of his family perished.

The Russian government, justly excited by the presence of the plague so close to their frontier, has sent several scientific expeditions to this part of Asia. They will, perhaps, establish at Ourga a place to study the malady in connection with the numerous doctors scattered throughout Mongolia.

DR. I. MATIGON,
Physician-in-Chief to the Legation of France
at Pekin.

Cacodylate of Soda.

M. Widal, at the Société de Chirurgie, said that he had used cacodylate of soda in subcutaneous injections on several tuberculous patients, at the daily dose of from one to two grains. In the advanced stages of phthisis the treatment did not give much result. On the other hand, in the incipient stage of the malady, the cacodylate of soda increased the appetite and the strength as well as the number of the red corpuscles with surprising rapidity. M. Hazem remarked that he had tried the cacodylate of soda in chlorotic patients, but the advantage was not very well marked, and he was always of the opinion that preparations of iron were the only specific for chlorosis.—*Paris Cor. Medical Press and Circular*.

PASSIFLORA incarnata in five-drop doses, before meals, is said to have cured cases of acidity of the stomach after other drugs have failed to relieve.—*Med. Summary*.

PERIPHERAL pains about the loins, groins or the limbs are often due to pressure upon the anterior crural, obturator, and other branches of the lumbar plexus, caused by fecal accumulation.—*International Journal of Surgery*.

Miscellany.

MEDICAL RHYMES AND SPRINGTIME JINGLES.

Collated from Various Sources.

BY T. C. M.

The virginal spring is with us again, with its blossoms and birds, clear sky and warm zephyr breath. As our friend Armand Silvestre remarks, it is the season of lily petals and the first thoughts of love, of confidences and tenderness hidden under a wave of great joy. Editors who turn down the spring poet do well, perhaps. This is the time to lie in the warm sunshine and read "*Les fleurs amoureuses*" of Silvestre. We translate a few in very imperfect prose, for the French loses its fragrance in this transference from the original.

Springtime Reverie.

Is it reality, or a sweet dream that's invoking,
Bringing your image back, sweetest of charmers?

To my dim eyes, the clear skies of Greece
Shine out behind you, a thin veil of azure.

Exiled, I see once more your shores enchanted,
Caressed by the sighing Ionian seas.
My spirit crowns you the last vestal priestess
Of all those rare in the Temple of Beauty.

Oh, happy days when wept all true poets,
No gardens at Samos, no bees at Hymettus.
Yet you appear with golden hair floating,
Smiling with love from scarlet lips.

Quickly return, like the sun of Springtime,
Bringing roses to Samos, bees to Hymettus;
Kindle the fires of youth once again,
Take from my heart the chill of its winter.

Amorous Spring.

In the garden of my dream is only a flower,
Whiter than snow or the down on the swan;
Under your feet divine let it be trodden,
For its pure snow tint to them is comparable.

For near the living marble, varying its color,
Place we the flower in its virgin whiteness,
Like lily that's tinged by the red juice of wine,
Or a bright drop of blood on the bosom of paleness.

I have taken to heart the sap of the Spring,
To make blushing the flower of my dream;
Suffering, 'tis joy to die 'neath your feet,
Bright Grecian skies floating above us.

So here I cast myself in your verdured path,
Tomorrow you'll pass and never know me.

May all Love's ashes be drifted away,
So that the dust leaves no memory behind it.

Sulphur and Molasses.

Ere the bluebird leaves the briers
Of the orange-scented South;
Ere a green frog in the mires
Leads a concert with his mouth;
Ere the birth of bud and grasses,
Ere the naked fields are strewn;
Then it's sulphur and molasses
In a liberal-bottomed spoon.

Even chubby baby brother
Takes his dose without a fuss;
Even pa and even mother
Take it to encourage us;
So the brimstone pudding passes,
And for youngsters it's a boon,
Is that sulphur and molasses
In a liberal-bottomed spoon.

Every healthful smiling dimple
That a youngster ever had
Is a danger signal pimple
That may turn to something bad.
'Tis your blood expelling gases,
And you need a cleanser soon;
And it's sulphur and molasses
In a liberal-bottomed spoon.

—*Chicago News.*

A Sonnet to Medicine.

Our healing art—most gracious to mankind;
No glare or dazzle in the world's display.
Of learning most profound, but no array
Of gleaming fantasy; the learned find
Their strength and glory in the inner mind,
Where silently the deeper waters play
Mid riches never yet exposed to day;
When pomp and pride and greed have not
combined,
In costly garb or fairest diadem,
Its stored wealth; for every hidden gem
Are properties of heart and soul. There is
In he who loves our art and well pursues,
In service to his fellow kind, wide views,
A vision rich, one that is solely his.

DR. J. A. DE MOSS, *Med. Brief.*

Better Than Gold.

Better than grandeur, better than gold,
Than rank and title a thousandfold,
Is a healthy body, a mind at ease,
And simple pleasures that always please,
A heart that can feel for another's woe,
And share his joys with a genial glow—
With sympathies large enough to enfold
All men as brothers—is better than gold.
Better than gold is a conscience clear,
Tho' toiling for bread in an humble sphere;
Doubly blest with content and health,
Untried by the lust of cares or wealth.
Lowly living and lofty thought
Adorn and ennoble a poor man's cot;
For man and morals, in nature's plan,

Are the genuine test of a gentleman.
Better than gold is the sweet repose
Of the sons of toil when their labors close;
Better than gold is the poor man's sleep,
And the balm that drops on his slumbers deep.
Bring sleeping drafts to the downy bed,
Where luxury pillows the aching head;
His simpler opiate labor deems
A shorter road to the land of dreams.

Indian Med. Record.

A Famous Operation.

They sawed off his arms and legs,
They took out his jugular vein;
They put fancy frills on his lungs,
And they deftly extracted his brain.
'Twas a triumph of surgical skill
Such as never was heard of till then;
'Twas the subject of lectures before
Conventions of medical men.
The news of this wonderful thing
Was heralded far and wide;
But as for the patient there's nothing to
say,
Except, of course, that he died.

—*Cleveland Leader.*

The Trained Nurse.

So neat,
So sweet,
So light of feet,
'Tis quite a pleasure to be ill.
So gentle and
So deft of hand,
Preparing plaster, powder, pill.

So slim,
So trim,
So lithe of limb,
It reconciles me to be sick.
So sweet a face,
Such girlish grace,
(I fear I'll convalesce too quick).

Such wit,
Such grit,
I'll moan a bit,
'Twill make her think that I'm in pain.
I must contrive,
As I'm alive,
To have my forehead bathed again.

The dear,
So near;
I'll gain her ear,
I'll vow I won't be lured to life,
Unless she's sure
That when the cure
Becomes complete she'll be my wife.

—*Chicago Times-Herald.*

Unterrified.

"There are microbes on your money,"
These grave scientists declare,
With a smile serene and sunny
And a manner *debonnaire*.

"There are ptomaines and bacilli,
Getting rich is very rash.
You will meet them, willy-nilly,
Every time you handle cash."

Yet there comes an acclamation
Loud and mighty through the air,
Which arouses this great nation
Like a lion from its lair.
There is heard a stern assurance,
Told in no uncertain terms:
"We are wonders of endurance,
We are not afraid of germs."

—*Washington Star.*

Deafness in Children.

Deafness in children is often allowed to go unnoticed because the child is uncomplaining or the parents careless, and is so often mistaken for dullness and inattention, that the disability becomes fixed and beyond repair before expert skill is solicited.

The most common of the numerous causes of deafness in children is adenoid vegetation in the naso-pharynx. Recurrent earache and deafness are symptoms which imperatively demand a

thorough exploration of that cavity. Impaired ventilation and faulty drainage of the nose will be invariably followed by catarrhal inflammation of the middle ear. The importance of such early examination can not be overestimated. The treatment consists in the administration of appropriate constitutional remedies and in the surgical removal of the exciting cause. Incurable deafness in adults can usually be traced to adenoid hypertrophy in childhood. Particular attention is called to recurrent earache and slight deafness as danger-signals given to parents and practitioners, never to be disregarded. —E. F. PARKER, M.D., Charleston, S. C., in *Atlanta Journal-Record of Medicine*.

APHONIA and hoarseness, due to excessive action of the vocal cords or resulting from an acute cold, can be relieved with potassium bichromate in doses of 1-100 grain every hour or two. —*Med. Summary.*

MELLIN'S FOOD *for the* *Home Modification* of FRESH COW'S MILK

The use of a natural cereal extractive containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time.

Mellin's is a genuine Liebig's Food

PROFESSOR LEEDS

Simple dilution of cow's milk with water is without avail in obviating the tendency of the milk to form tough and more or less indigestible curds.

PROFESSOR CHITTENDEN

MELLIN'S FOOD COMPANY, BOSTON, MASS.

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WHOLE VOLUME LXXXIII.

Original Articles.

DEEP BREATHING VS. TUBERCULOSIS.

BY H. H. SPIERS, M.D.,
RAVENNA, O.

One-half of the earth's people are poorly fed. The reason is obvious. It is not that Mother Earth fails to yield her sixty or one hundred fold, but that the hand has been negligent or slothful in preparing the soil or planting the seed.

Prosperity and effort are closely allied. "The hand of the diligent waxeth rich." Indolence has no incentive to labor. As a rule, famine stalks rampant in its fields. India, to-day, is an illustrious example. We note also famine and its twin sister, pestilence, thrive most among the heathen or half-civilized. Christian civilization knows nothing of famine and little of pestilence from personal experience. They are practically driven from its borders.

While we thus exalt civilization of this generation we must also note some of its faults or defects. Foremost among these is imperfect aëration of the blood. A vast majority of the civilized are consuming less oxygen than they should. The reasons are multifarious.

One would naturally think the primary cause for this fault, defect or wrong consists in ignorance of the value of oxygen. The writer is inclined to think this view an incorrect one. The civilized are well informed. That it is not ignorance alone is certain from the fact that physiology is taught in all the public schools. The laws of the land allow or compel attendance at these schools, so no plea of ignorance can be raised.

But why is it assumed there is imperfect aëration among the civilized? What is aëration? Aëration is ventilation of the blood as it passes on in the life current. Aëration takes place through the lung tissue. It naturally occurs in no other way. The lungs of man, as the gills of fish, permit the oxygen to enter the system. If the lung tissue be imperfect, thickened, or in any way defective, aëration is incomplete, *i.e.*, insufficient oxygen enters the system.

Should one consume less food than is required by the system, or should the food be of imperfect quality, there is a starvation of the body. The same may be said of oxygen. One who takes in or consumes less oxygen than he should, either from ignorance, perversity or inability, the system must suffer. In one sense it is oxygen starvation or famine.

Should one by deep breathing or inhalation take in more oxygen, or should one breathe a purer air and thereby receive a larger supply, every want in the system is met and the famine is declared off. This is what deep breathing does in certain states of the system. It removes the famine.

But first, why is it thought there is imperfect aëration among the civilized? One-seventh of all deaths are due to consumption or phthisis pulmonalis alone. If we add to this number others who die of distinctly lung disease, as pneumonia, etc., the proportion seems abnormally large. No such proportion is seen among native tribes remote from civilization. To the writer, the reason seems obvious: They have a more perfect aëration. The perfect aëration of native tribes secures a practical immunity from lung disease. Civilization can show no such immunity.

What does aëration accomplish? As

the oxygen enters the lung tissue it comes in contact with the venous blood and changes it to arterial. The impure blood is thereby rendered pure. The body, by this means, is kept in a healthy condition. This of itself is one of the essentials to long life. In order to have pure blood our food must be ample in quantity and quality. The oxygenation of the blood is just as essential.

We look on famine-stricken India with hearts of pity and sorrow. Pity, there is so much suffering; sorrow, the people are so unwise and improvident. India could look on us with the same commiseration. The Americans and Europeans are so talented; they have every resource of art, science and literature, yet they are actually dying of starvation—an oxygen famine. The East India men should help us. No doubt they would had they the zeal and knowledge. The zeal, perhaps, could be attained by a better food supply, the knowledge by the exercise of an acute observation, certainly not by consulting standard authors who tell us so much of disease germs and their action.

What else does aëration of the blood accomplish? The food we eat sustains us or builds up our system as we digest or assimilate the same. Without digestion and assimilation there can be no true growth or strength added to our frame. To every student of physiology it is known that the lacteals empty the chyle, for the greater part, into the thoracic duct, and from thence it is poured into the venous circulation. All chyle passes into this current. It here becomes subject to aëration in its round of the circulation. What does aëration do to this new current which enters the channel for the first time? It seems this is the last creative act, if we may so speak, in the formation of the new blood corpuscle. If so, it must be a very important one in the animal economy. New blood corpuscles are being formed, while at the same time the old are revived. These two actions are constantly going on during aëration, are imperfectly performed during imperfect aëration, and stop when aëration ceases. It is seen that if every part of the human machinery

be intact except aëration, there is here found sufficient cause for impurity of the blood and scantiness of the red blood corpuscles. We may give eliminatives, we may ingest a better food supply, we may order *ferrum redactum ad libitum*, but we do not reach the true cause of the difficulty until we establish a more perfect aëration.

Herein lies a secret in the treatment of many diseases. The disease tuberculosis, which is caused, we are told, by the germ tubercle bacillus, originates in this way. The first stage of tuberculosis is simply a faulty aëration. The bacillus enters secondarily—is never a cause of the disease. The faulty aëration may be due to many causes, but the result is one and the same—tuberculosis sooner or later. The remedy lies in the correction of this fault. It may take years to teach this simple truth, but it will eventually be accepted, and we will look back at the amazing folly of having once thought an infinitesimal germ caused the serious disease tuberculosis. Colorado's burden will then be lessened and the world will breathe freer and easier, with a purer blood supply and an enlightened conscience. It is this field of original research that has remained so long fallow that is destined to yield an abundant harvest on proper cultivation. Let us each, with God-fearing assiduity, sow and reap as best we may and patiently await our reward. It will assuredly come, and that with thanksgiving and joy.

We stated the quality and number of the red corpuscles is dependent on the perfection of aëration. Let us see if this be correct as to its practical workings. Take, for example, the ordinary student life at college. Of course, we are aware there is great difference in the student life of to-day and that of twenty years ago. There has been improvement on the social side, larger physical culture, more out-door exercise, etc. In fact, there has been a constant change, and that for the better. Yet, after all, student life is student life—a host of duties, incessant cramming, and for the studiously inclined but little exercise. Many students are

constantly tired, easily exhausted, nervous and irritable. What is lacking? A pure blood supply. Of this there can be no question. What is the remedy? Physical exercise in the open air, more perfect aëration of the blood or hematosis. In the writer's judgment there is no question but that mental and physical training should be conjoined. All schools should be conducted on this basis.

For further illustration take the ordinary housewife, who does, for the greater part, her own work. What is her life? A constant round of duties in her household, never fully done. From early morn till latest eve it is constant, never-ceasing work. "A woman's work is never done." What are her cares? For family, home and self. Self usually comes last. Her wants are many, but her greatest is pure oxygen in her own home, or time and opportunity for out-door exercise. She regards neither, but toils on, a poor, weak, anemic creature, and dies, most often, of phthisis pulmonalis. Could her untimely death have been avoided? Is civilization in any wise to blame? These are questions the twentieth century will be called to answer. Is not their consideration proper now?

But perchance the woman's sphere is not among the toiling millions. Her life is one of so-called social joy and gaiety. It is calls, balls, parties and receptions, of late hours, untimely meals of indigestibles, society's loud call for dress improper, etc. The life, ill-ventilation, etc., cause rising with languor and the noon day sun. Envy, jealousy and rivalry enter this life, but not more often than imperfect oxygenation of the blood. Society has yet important lessons to learn. Who would dare dictate to fashion?

May be the life is that of a wage-earner, and who is not. If so, it is so much work for so much remuneration. We enter not the vexed question whether the pay be sufficient for the labor. This is left to others. The question with us is, is the ventilation ample. Workmen are often crowded; the air space is insufficient and the room is dusty, or perhaps the lights are consuming too much

oxygen. The remedy must meet the requirement.

In all these cases systematic deep breathing in the open air will overcome the difficulty if taken in time, provided the fault be remediable. It will benefit the patient even though the cause be continued. But the benefit in the latter case will not, of course, be permanent. Permanent benefit means freedom from tuberculosis.

A question now arises: What faults are and are not remediable? If the fault be not enough oxygen in the room, if an irritant dust, gas or vapor, if a use of the upper air passages of the chest only, due to tight lacing or other cause removable, these are remediable. If by heredity we receive a lung tissue incapable of perfect aëration under the most favorable environment, if from continued exposure, taking cold or other cause we acquire a thickened lung tissue incapable of perfect aëration, these, of course, are not remediable. Deep breathing cannot alter permanently an hereditary or acquired lung tissue. Deep breathing calls into exercise the healthy lung tissue we possess, and aids the patient in his effort to secure a better blood supply. This alone places him on a higher plane of health and enables him to more effectually resist the encroachments of disease. In other words, one who so acts keeps his system in a condition in which the germ tubercle bacillus does not enter and grow. *He who so acts has a perfect immunity to the disease tuberculosis.* The number of germs in the atmosphere is of little moment *provided there be a perfect aëration of the blood.*

Now please understand we do not advocate deep breathing as a cure-all for every disease. Systematic deep breathing, if the lung tissue be healthy, will insure a pure blood supply in so far as oxygenation of the same is concerned. Oxygenation of the blood, it will be found, is the essential element in the prevention of the precedent state, or first stage of tuberculosis. If true, how essential is perfect aëration in the prevention of the disease. If true, the law of tuberculosis stands demonstrated: The death-rate from tuberculosis is in

direct ratio to abeyance of atmospheric influence.

Deep breathing does more than the oxygenation of the blood. As a preventive to taking cold or the ordinary catarrh it perhaps has no equal. Deep breathing, then, not only prevents tuberculosis directly, but it also prevents the very causes which lead to the same. How essential is deep breathing!

It seems to the writer this article is incomplete until a relation between deep breathing and physical exercise is shown. In one sense deep breathing is physical exercise. In another sense physical exercise is deep breathing. Yet it must be evident to all they are not one and the same. One may breathe deeply with little exercise. One may exercise violently yet breathe shallow. Physical exercise should be such as to cause perfect inhalation and exhalation.

Treatment of Dysmenorrhea by Belladonna.

Wm. Murray M.D., F.R.C.P. ("Rough Notes on Remedies," 1899, p. 40), says that whether dysmenorrhea is due to spasm or to mechanical obstruction plus spasm, or plus neuralgia, or plus congestion, there is a large field for belladonna. A patient under its influence is not likely to suffer from spasm, so that the spasmodic element can be eliminated by a dose or two. If the pain still continues, other elements—mechanical or congestive—are present, as the neuralgic element is also, to a great extent, eliminated by the belladonna. The best method of using the drug is as a suppository of one or two grains of the extract repeated every two or four hours. The suppository should be used as soon as the first sign of pain indicates the molimen. Every woman who suffers ought to have this remedy at hand.—*Med. Review.*

It is stated that in eczema of the scalp in young children, berberis aquifolium acts nearly as a specific. The application of bismuth and lanolin externally will assist materially.—*Med. Summary.*

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

OFFICIAL REPORT.

Meeting of February 26, 1900.

THE PRESIDENT, E. W. MITCHELL, M.D.,
IN THE CHAIR.

ROBERT INGRAM, M.D., SECRETARY.

Case of Fibroma Molluscum.

DR. A. RAVOGLI: The patient I present to you is of unusual interest. As you see, the disease is characterized by innumerable tumors of the skin, some of which are small, flat and round, covering large surfaces; others are large and elongated, protruding from the normal skin. The forehead is crowded with these tumors, of the size of split peas, flat, round, somewhat brownish in color, which by their aggregation on the superorbital region give to our patient that peculiar brow called leontiasis. The face, the neck, the scalp and the shoulders show the same tumors crowded together. In the middle, especially on the chest, abdomen and shoulders, other large tumors are protruding, much larger, of the size of an English walnut, elongated and some pedunculated.

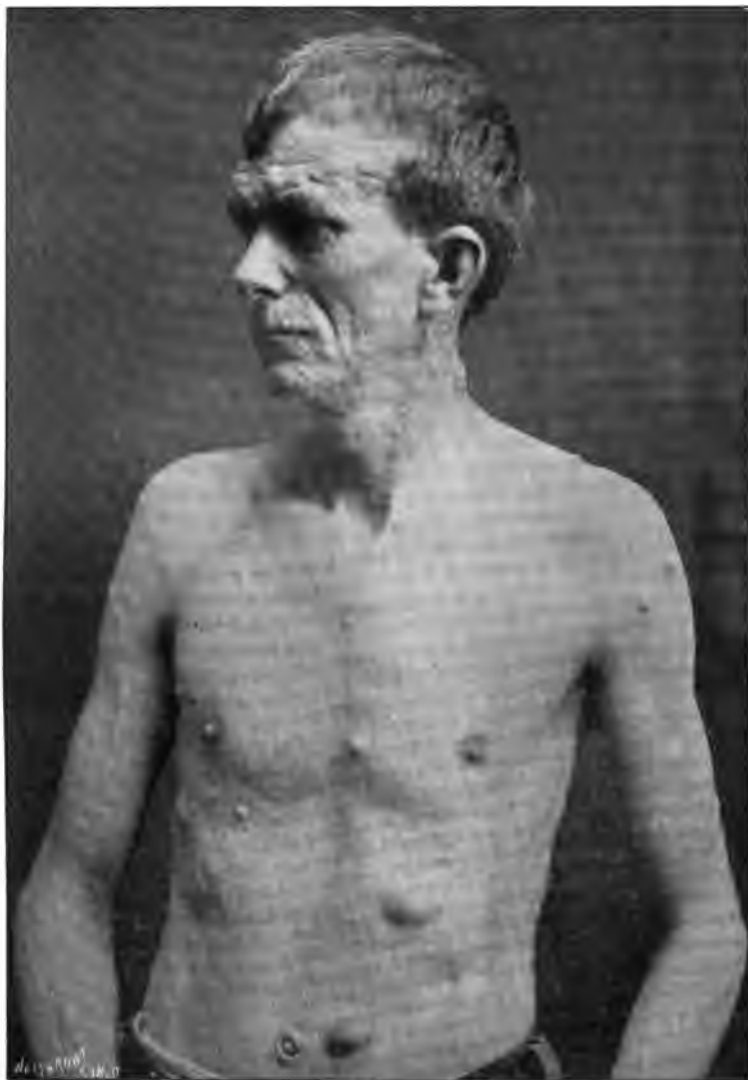
If you take these tumors between your fingers you will find that they are soft and elastic, and some give a doughy feeling. These tumors are covered with skin, which is nearly normal in color, with the exception of the larger ones, which show some red brown color at the apex, caused by stasis.

This affection is known as molluscum fibrosum, or fibroma molluscum.

It is a true fibroma of the skin, a peculiar affection which begins in childhood with the development of small tumors, which commence like small spots, reddish in color, or of the same color of the normal skin. The small tumors you will find to the touch a little harder than the normal skin. They gradually begin to grow until they have the appearance of small tumors, and as their growth continues they assume

larger proportions, like those you see on the abdomen and on the back of this man. Some of these tumors grow larger; they become elongated and assume a pedunculated form. Some

a fibrous tissue. The difference of opinion is in the origin of the fibrous tissue. Rokitsansky thought that the fibrous tissue was produced from the deep intercellular spaces of the chorion.



others disappear by themselves, leaving a kind of appendage like an empty sac. The most of the tumors, after having attained a certain volume, remain for years of the same size.

From the anatomico - pathological examination of these tumors results that molluscum fibrosum consists of

Fagge and Howse, from the connective tissue of the follicles of the hair; and Virchow from the connective tissue of the lobules of the fat. Recklinghausen thinks that these tumors are a form of neuroma, and are due to the proliferation of the connective tissue surrounding the nerves.

When you take one of these tumors between your fingers you find in the middle a kernel like that of corn, which is believed to be due to the presence of a hypertrophic gland.

Our patient has been affected with this disease early in his infancy, and in all reported cases we find the beginning of this disease dating from childhood. In consequence, a great many authors believe in a hereditary disposition, and Virchow calls this disposition a kind of molluscous cachexia. He published some cases of *mollusum fibrosum* which appeared in three generations. Our patient states that no one of his ancestors has ever shown anything like the disease he has been troubled with. Hebra has also admitted a kind of constitutional disposition, as we find those unfortunate patients to be physically and morally depressed. In my opinion, I believe that the nervous system takes the most important part in the production of this disease.

In reference to the prognosis, I have already stated that this disease begins in early infancy, and remains until old age. I have seen cases in old people which had existed all their life long.

The treatment does not offer a great deal of encouragement. It is limited to the destruction of the larger tumors by cutting them off, or by tying them off, or by destroying them with electrolysis. In the present case we are trying the action of the arsenic, and we are giving him, every two days, a subcutaneous injection of 10 per cent. cacodylic acid. This compound contains the most arsenic, and is better tolerated. So far we can say that there is a slight improvement, which encourages us to continue in its use.

The pathology of these tumors is of great interest. Dr. M. L. Heidingsfeld, my clinical assistant, has made sections of one of the tumors, and he will exhibit them to you, and will explain the pathological anatomy of this disease.

Pathology of Neuro-Fibroma (*Mollusum Fibrosum*).

DR. M. L. HEIDINGSFELD: Dr. Ravogli has imposed a task which I am

incapable of performing in the brief time allotted me. The most important feature in the pathology of this disease is the question whether or not these tumors are neuromata or fibromata, and whether or not they spring from the connective tissue of the cutis, hair follicles, sebaceous glands, lymph vessels, or from the sheaths of the medullated nerves.

Fibroma is probably one of the rarest pathological conditions to which the skin is subject. This fact is the more interesting when we note its common occurrence elsewhere, *e.g.*, the uterus; and the marked tendency for nearly all the other elements of the skin, epidermis, lymph- and blood-vessels, fat, glands, etc., to reduplicate themselves. Fibromata cutis occur chiefly in two forms, true and false keloid. The latter is an accidental condition, the result of inflammatory exudation, shows no tendency to enlarge, and therefore cannot be properly classed with new growths or tumor formation.

For many years the utmost chaos existed regarding small tumors of the skin, which at one time or another have been classed with the fibromata under the names of *mollusum fibrosum*, fibroma mollusum, congenital and acquired elephantiasis, and pure epithelial structures, like pigmented moles, *nevi materni*, etc. To v. Recklinghausen belongs the credit of first giving to each its proper identity and classification. V. Recklinghausen has demonstrated that these multiple soft tumors are neuromata, not fibromata, and that they spring from medullated nerve fibres. His views have been supported by Kriege and numerous others, and are opposed to those of Virchow, who believes them to spring from the subcutaneous fat; Fagge, from the hair follicles; and Rokitansky, from the lymph spaces of the connective tissue of the corium.

Our views lead us to confirm v. Recklinghausen's observations. Digital pressure on the smaller tumors causes them to disappear in slit-like spaces, to probably follow along the subcutaneous nerves: the larger tumors are anesthetic to pain, and paresthetic to heat and cold; pa-

tient was unable to walk until he was five years of age, due probably to some form of neurosis. The larger tumors are translucent, true fibromata are not; they are soft and friable, freely movable under the skin; fibromata are hard, firm, and closely adherent to underlying cutis. Specimens which I have placed under the microscope show that the structure of these tumors is also in marked contrast to fibromata. We have a sharply circumscribed tumor springing from below upwardly, reaching the corium, but not invading this structure, and rich in deeply stained, sharply defined nuclei, irregularly oval in outline. These nuclei show no well defined cell body, maintain for the most part a uniform size and form, and are very uniformly distributed throughout a glassy, slightly fibrillar intercellular substance. Distinct fibrils cannot be observed anywhere, yet they predominate in all forms of true fibroma. The cells also show no tendency to elongate or become spindle shaped, or to undergo fibrous change, as occurs in fibroma.

Presentation of Specimens.

DR. RUFUS B. HALL: This group of specimens occurring in my recent work are of unusual interest, each one illustrating some interesting feature in the work of abdominal surgery. The busy life of the hard worker and the great number of specimens passing through the hands of men engaged in this line of work makes one hesitate to present a specimen before such a body of medical gentlemen as the Academy represents, unless some interesting feature is connected or associated with the case from which the specimen has been removed, or something unusually interesting in the specimen itself. I hope that the specimens and cases will not prove uninteresting to you, even though many of you do not do the class of work in which I am engaged.

The first specimen presented this evening is a multinodular fibroid tumor of the uterus, removed from Miss M., aged thirty-six, patient of Dr. James F. Heady, of Glendale, O. The operation was made at my private hospital January 20, 1900. The patient had

been conscious of the presence of the tumor for several years. She suffered from pressure and profuse menstruation during all this time, but was able to enjoy ordinary health until four or five months ago. Since that time she has suffered severely from uterine hemorrhage, which was almost constantly present. The patient was almost exsanguinated. The anemia was profound. The tumor was somewhat larger than an adult head, a portion of it blocking up the pelvic cavity. To the right side of the tumor and above it was a somewhat movable mass that was in size and shape not unlike the normal kidney. For four or five weeks preceding the operation the patient suffered great pain at times, and there was a good deal of doubt as to the cause of the pain; whether or not the pressure of the tumor upon the ureter at the pelvic brim, damming back the urine in the kidney, was the cause. It could not be made out before the operation whether this somewhat movable lump was a portion of the tumor, or the right kidney, which was movable. The examination of the urine was negative. The shape of the tumor on palpation was so like a kidney that it made the diagnosis difficult as to that feature in the case. She had a left-side femoral hernia, somewhat larger than the closed hand, which had existed for several years, was irreducible and not strangulated. At the time of the operation, when the abdomen was opened it was found that the omentum was glued down to the tumor on the left side. It was pulled well down and a large portion of the omentum constituted the hernia spoken of. The omentum was firmly adherent in the sac and could not be liberated from the inside of the abdomen. I could not make the manipulations necessary for the removal of the tumor without liberating the omentum. Therefore, I ligated it close to the femoral ring at two points an inch apart and cut between the ligatures, leaving the portion comprising the hernia undisturbed. Under the tumor was an adherent hematoma of the ovary holding a small quantity of old, dark blood-clot. This was rup-

tured during the manipulation and a small portion spilled upon the field of operation. Total extirpation was made and the operation finished in the usual way. She developed a severe attack of peritonitis. I have little doubt but that it was the spilling of the hematoma that caused this. After a severe struggle of three days convalescence was established and she made a nice recovery. At the commencement of the operation I expected to remove the tumor and repair the hernia at the same sitting, but she took the anesthetic so badly and her condition was so desperate by the time the operation for removal of the tumor was completed that it precluded any further operative interference. I was greatly interested and a little worried to know what would become of the large mass of omentum filling the hernial sac. I hoped that the adhesions to the sac would be sufficient to sustain its vitality. If so, all would be well; if not, I reasoned that a secondary operation a few days hence by laying the sac open and treating it as an open wound would give her a better chance for recovery than to prolong the operation at this time. I expected this hernia to give her trouble within a few days, and I was prepared to meet it when it came and to do whatever was necessary to be done. To my great delight, there was never any tenderness, swelling, redness or undue tension in the hernial sac. At the end of two weeks it commenced to diminish in size, and when she left the hospital, five weeks from the day of her operation, it was but very little larger than a hulled black walnut.

This case emphasizes a conviction I have entertained for several years as to the danger of infection from an old hematoma of the ovary in these operations for removal of fibroid tumors. In patients where this blood is spilled over the field of operation nearly every one of them develop severe peritonitis, and we all appreciate what a dangerous risk that is to our patient. I have come to regard this hematoma to be as dangerous as pus. The practical lesson to be drawn from a case of this kind is earlier operation, before the ovaries are em-

braced between the pelvic walls and the tumor and form adhesions favoring the development of hematoma. The hernial condition is so rare that I do not wish to comment upon it. By examination of the tumor itself you will observe this pedunculated mass on the top of the tumor and to one side. This is exactly the shape of a normal kidney, and somewhat larger. It has a pedicle an inch long and about as thick as a man's finger. You can readily understand why this might be mistaken through the thin abdominal walls for a kidney.

Case II.—The second specimen is a typical parovarian cyst holding about a gallon and a half of fluid at the time of the operation. It was removed from Mrs. D., aged twenty-six, of Piqua, O., a patient referred to me by Dr. Grosvenor. She was operated upon at the Presbyterian Hospital January 24, 1900. She has been married two years, no children. Soon after marriage she noticed that her abdomen was gradually enlarging, which continued up to the present time. For the past four or five months she had been losing flesh and strength, and was much emaciated. She suffered from indigestion, caused by pressure.

You will observe from this specimen that the ovary is normal in size and attached to the side of the specimen. The cyst is a beautiful illustration of a typical parovarian cyst, and I present it for that reason. The remaining ovary had a cyst on one side as large as a hen's egg. This cyst was excised, as the remaining part of the ovary appeared perfectly normal. Where the ovary was incised it was stitched over with fine cat-gut and left. The patient made an uninterrupted recovery, and went home four weeks from the day of her operation.

Case III.—The third specimen here presented was removed from Mrs. P., aged forty-seven, from Lynn, Ky., a patient of Dr. Morris. The patient was brought to the Presbyterian Hospital on January 20, 1900, and was quite ill when she entered that institution at noon of that day. She had a pulse of 120 and temperature 101°. By evening of the same day the pulse was

130 and temperature 104°. She had a tumor in the abdomen which distended the abdomen about as much as a woman at full term of pregnancy. She suffered great pain in the right half of the abdomen corresponding with the vermiform appendix. She was restless, vomited frequently, and for three days her pulse varied from 140 to 150 per minute and temperature from 102° to 104°. She had regurgitant vomiting, and it looked like she was going to die within a very short time. By repeated small doses of calomel and high rectal injections we succeeded on the third day in getting her bowels moved thoroughly, and in twenty-four hours afterwards convalescence was established. She was fed all the stomach would assimilate, and her general health was improved in every way possible up to February 5, when the operation was made. This patient lived ten or twelve miles in the country from Greenup, Ky., the nearest railroad station. In September of last year she was conscious of the presence of a small tumor in her abdomen not much larger than her closed hand. About this time she had a severe attack of pain in the right half of the abdomen, and the doctor believed that she had an attack of appendicitis in connection with her tumor. She was confined to bed for several weeks, and had never regained her usual health. She was able to be up about the room, but the riding in the wagon to reach the railroad train, the day she came to the hospital, and the journey of 120 miles by rail, started the abdominal inflammation anew, from which she nearly lost her life.

The tumor, as you will observe, is a multilocular ovarian tumor. At the time of the operation it was found that the tumor was adherent to the whole anterior wall of the abdomen. The vermiform appendix was adherent between the tumor and the abdominal wall. It had perforated and an abscess cavity had formed, the abdominal wall forming one side and the tumor wall the other side of this cavity. Infection had taken place in the tumor, and one large cyst contained pus as part of its contents. The tumor was adherent to nothing except the abdominal wall and

the head of the colon. There was a long pedicle. I removed the appendix, and you will observe that it is perforated near its tip. This patient made a nice and easy recovery.

Case IV.—This multinodular fibroid tumor was removed from Mrs. W., aged thirty-nine of Sidney, O., a patient of Dr. Costolo. She was operated at my private hospital February 20. This patient had suffered from pelvic and abdominal pain for several years, but a correct diagnosis of the condition was not made until recently, when she came under the charge of her present physician. He immediately advised operative interference for obvious reasons. This large, irregular mass was wedged down in her pelvis and caused so much pain from pressure that her life was made miserable and she was anxious for relief. The patient has made an easy convalescence and will recover. From her clinical history we could say with considerable confidence that she was at an end of comfortable existence with this tumor, and any delay now meant complications in the operation and greater risk when it was made.

Case V.—This specimen is the most interesting one of the group. It was removed from Mrs. L., aged thirty-seven, a resident of this city. The patient was referred to me by Dr. J. S. Caldwell, and was operated upon at my private hospital on February 21. She is the mother of two children, the younger eleven years old. She had her first acute pelvic inflammation some five years ago, which was probably due to infection. Since that time she has never been well, having recurrent attacks once or twice every year, with varying severity. For a year or more her suffering has been very great. Upon examination the whole pelvic cavity was found filled full. The uterus was retroverted and fixed. It could not be lifted up or moved by any manipulation from the vagina. There was a well-defined, hard mass at both sides of the uterus. She suffered several severe attacks of hemorrhage in the past few months, corresponding with her menstrual periods.

Upon opening the abdomen the intestines and omentum were found thoroughly agglutinated to the mass in the pelvis. Both tubes were occluded and contained pus. The adhesions to the intestines, omentum and pelvic floor were very firm. After liberating the coils of bowel and omentum I decided to remove both ovaries and tubes with the retroverted uterus, and I here present the specimens as a whole. If you will observe the specimen you will see that every portion that should be normal peritoneum is covered with shreds of adventitious tissue representing the adhesions. The operation was a very tedious and difficult one. I am convinced of the wisdom of making a hysterectomy in all operations for relief of old inflammatory cases where both sides must be sacrificed, especially if the woman is near the menopause. The danger from secondary hemorrhage in case of vomiting from the anesthetic is very much less, because each blood-vessel is taken up and tied separately and no tension is brought upon it to cause slipping or loosening of the ligature if vomiting should occur. Again, these patients suffer less afterward from the pain corresponding with their menstrual periods during their enforced menopause, and they are saved the annoyance of the endometritis that is co-existent with their pelvic disease. They will make an earlier, smoother and more satisfactory recovery, both to their physician and to themselves.

Sarcoma of the Kidney.

DR. B. MERRILL RICKETTS: This kidney was removed from a woman aged thirty-eight. She gave a history of not being able to pass her urine freely for a year and a half. Some seven weeks ago her physician, Dr. Insko, Brattin, Ky., examined her and said she had an abdominal tumor. He advised that an exploration be made and the tumor removed if necessary. She had been an invalid for one year as the result of a fall which she had sustained. In falling she had struck her right side. There was a small tumor noticed some six months later. When I saw her I was not satisfied as to the con-

dition present, thinking it might be an ectopic pregnancy, an enlarged gall-bladder, or that it might be a kidney. There was some bulging in the right side of the vagina, but no fluctuation there or over the tumor. The incision was made in the right side from the ribs to the spine of the ilium. The colon did not lie over the kidney tumor. The intestines were adherent to the lower portion and the inner side. The appendix lay upon the anterior surface of the tumor and contained a small concretion. The kidney was delivered, and the vessels with the ureter ligated separately, at the end of eight minutes. There was no hemorrhage and no special shock. There was some induration in the right broad ligament, but I did not feel justified in opening it up at that time. The operation was completed in sixteen minutes. Nine hours later the abscess ruptured and discharged its contents into the vagina.

On February 12, at 10 P.M., her temperature was 103°; on February 13, at 10 A.M., 102°; 6 P.M., 100°.

She had been doing very well, but at 10 o'clock the next morning she began to fail rapidly and died at 4 P.M. There were several small blood-cysts found in the kidney mass. The ureter was not obstructed. Nearly all of the kidney structure was found to be involved. The opposite kidney was not affected. The diagnosis of sarcoma of the kidney was not made. Here and there you will find small nodules in it. The tumor was in all probability of rapid growth as the result of the injury. The tumor hung loose and could not have been removed so well from behind.

Ruptured Ectopic Pregnancy.

The second specimen is that of a ruptured ectopic pregnancy, taken from a woman forty years of age, whom I saw for the first time with Dr. J. E. Wells, of Cynthiana, Ky., on December 21, 1899. She had had severe pain about the right kidney for a period of three weeks, occurring about 2 A.M. of each day, and required from one-fourth to one-half of a grain of morphine to relieve her. There was no blood in the urine and the temperature ranged from

normal to 101° ; pulse 110 and feeble. There was a slight discharge from the uterus occasionally. There was no abdominal distension or special dullness. The tenderness was slight over the appendicular region and over right kidney posteriorly. For the last ten weeks she has had pus in her urine, and it was considered to be a case of cystitis. I suggested ectopic gestation, hardly believing such to be present. I advised an operation, which was made at 11 A.M., December 22. Upon opening the abdomen about three pints of black blood-clots were removed from the peritoneal cavity, but no fetus was found. The right broad ligament was greatly lacerated and the pelvic peritoneum lifted up. The clots occupied the right pelvic cavity, extending to the kidney retroperitoneally. The ovarian artery was ligated, as was the proximal end of the tube also. The abdominal cavity was thoroughly irrigated, and the lacerated cavity packed with gauze, which was removed twenty-four hours later. The patient rallied nicely, and her bowels were moved with croton oil, strychnia and enemata at the end of eighty hours. She continued to do well, with temperature ranging from 99° to 101° , and improving pulse, until six days later, when she complained of severe pain over the stomach, and she died a few hours later, probably from heart clot, as there was no indication of hemorrhage or reason to suspect perforation. The wound had healed promptly.

Ovarian Abscess.

I have here a specimen of an ovarian abscess which occurred in a lady twenty-five years of age, who had had no children, a patient of Dr. Bates, of Lima, O. She complained of pain in the right side for two years of a more or less acute character, and severe. She had tenderness, with temperature at times reaching 102.5° . I first saw her February 25, 1900. Pyosalpinx was suspected, as was also appendicular abscess, there having been about one pint of pus which escaped per rectum twenty-four hours previous to my seeing her. There was some tenderness and indura-

tion found by vaginal examination. There was also great tenderness and slight induration in the appendicular region. I made the Hockey-Stick incision and found the appendix about three and a half inches in length, filled with concretions and covered with thick peritoneum. The tubes were not infected, but the right ovary was not present. The right tube was followed to a point a little behind and to the right of the uterus. Upon relieving the adhesions a cyst about the size of a goose-egg was delivered without rupture. It was found that the ovary had been utilized in constructing the sac, which contained pus. There was a septum dividing the cavity containing pus and the one containing blood.

Multilocular Cyst Weighing Twenty-five Pounds, Complicated with Chronic Appendicitis.

This specimen was removed from a woman aged twenty-eight years, the mother of three children, the youngest being six weeks old. She was referred to me by Dr. Hover, of Lima, O. She first noticed a small tumor in her abdomen at the time of her last fructification, April 1, 1899. Much pain was experienced in the region of the appendix during the entire time of pregnancy. This pain was thought to have been due to the cyst originating in the right ovary. It was, however, from the left ovary. Delivery was accomplished without difficulty, the abdomen remaining quite large. I first saw her February 25, 1900. Upon opening the abdomen a dark-colored tumor was to be seen. A trocar was introduced, but the contents were too gelatinous to flow through it. There were slight adhesions here and there throughout the abdominal walls. The tumor was delivered at the end of eight minutes. The appendix, five inches in length, was found subperitoneally, filled with concretions and well bound by adhesions. It, together with the right ovary and tube, was removed. Here is a case of ovarian cyst complicated with pregnancy and chronic appendicitis without any calamity resulting unless it be from the cyst and appendix.

**Kidney From Which a Branched Calculus
Had Been Removed About Five
Months Previous.**

DR. JOS. RANSOHOFF: During the early meetings of this session of the Academy (I think it was in October) I presented a very beautiful specimen of a branched kidney stone which some of the gentlemen present may remember to have seen at that time, and I have brought it again with me to-night for the benefit of those who have not seen it. This stone was removed from a man thirty years of age, who for three or four years had had trouble with his left kidney. I do not think in this case the diagnosis of stone was very difficult to make. I called attention at the time of reporting this case to the fact that pain on pressure was absent in this case. Usually in cases of stone in the kidney, or of abscess, on pressure over the last rib tenderness and pain are found, and this symptom is almost characteristic of stone in the kidney. The absence of this sign was explained by the fact that in this case the stone was so surrounded by fluid in the pyonephrotic kidney that the pressure pain was not elicited. The gentlemen may remember that I made a posterior section operation and removed the stone. There was only one stone present. I believed that kidney at that time in sufficiently good condition to warrant me in returning it. I therefore sewed up the kidney, as I always do after these operations, and left only one small space in it into which I inserted a drainage-tube, and then the kidney was anchored to the lumbar fasciæ and the last rib. The man made an excellent recovery from the operation, and at the time that I reported the case he had recovered sufficiently to leave the hospital. At any rate he was presented as a cured case at the City Hospital after six weeks. He went back to work and continued well until just before the 1st of January. I think it was during Christmas week he was suddenly seized with an intense pain in the right side, the same side on which he was operated upon. His temperature ranged from 102° to 104°. He was seen in these attacks by Dr. Brady, of Tusculum. I happened to

see the urine which was passed at the time of one of these attacks, and it was as clear as crystal and limpid as any I have ever seen. I was glad to see the specimen of the man's urine, for it showed better than any urethral examination that the man had a sound kidney on the other side. After the third attack of pain with the left kidney the patient concluded to have the kidney explored, and about five weeks ago I opened the wound and found the kidney anchored just where I had fastened it. I incised the kidney and fluid came out which was distinctly purulent. The kidney was sacculated, yet I was unwilling to remove it at that time. The wound again healed up, and I told the man that I thought I would give the kidney another chance. For about a week there was a slight discharge of pus in the urine. The wound was opened and a fistula established. When it was open the man felt all right, and he had a free discharge from the wound. Three weeks ago to-day I removed the kidney, and I think the specimen is a very interesting one from many points of view. In the first place, I removed the kidney and found, as we always do in these cases which have been operated upon before, a great many adhesions, so many that it was nearly impossible to make sufficient of a pedicle to use ligatures with safety, and for that reason I resorted to a measure of which I am very fond. Instead of using the ligature I used the clamp, going into the hilum, and allowed it to remain for seventy-two hours. The patient did beautifully for the first two or three days, and at the end of seventy-two hours I took the clamp off myself, and I had hardly left the room when I was summoned back, the patient telling me that something warm was running down his back. I immediately saw that a hemorrhage had taken place from somewhere. I tore open the wound, cut through the buried sutures and found the renal artery pumping away. Fortunately, I was able to stop the bleeding. That was twelve days ago. I do not think, unless I am forced to do it, I shall use the clamp again. It is an easy way of overcoming difficulties

in nephrectomy, particularly if the operation is done on the left side where the renal vein is rather short; but hereafter I shall resort to the clamp as little as possible.

This specimen is interesting from a number of points of view. First, it illustrates the rapidity and ease with which wounds of the kidney heal. In this case the incision made in the kidney was a long zig-zag cut, and now, as we examine it, we cannot see where it was originally opened except in one or two places where the approximation of the wound was not perfect, and also in the place where the drainage-tube was inserted. There are two or three places where you can see the site of the trans-fixed sutures which were used to hold the kidney to the lumbar fasciæ. At these points you can see the puncta where a slight atrophy has taken place in the sacculated tissue. It also shows the harmlessness of cutting into the normal kidney, and also the harmlessness of transfixing the kidney with the purpose of attaching it to the lumbar fasciæ or the last rib. This case also shows another interesting point, and that is the rapidity with which stones form. The first operation was done on the 2nd of September, and no stone was found in the kidney at all, and when the kidney was removed there was a little pocket found in which were four or five little calculi. These are the secondary calculi, one of which was removed and examined and found to be an oxalate of lime calculus, the same variety as the branched stone was. Another thing which shows fairly well in this specimen is the preserving effect of the Eisseling fluid. This kidney has more the color of the organ than the alcoholic specimens.

The case has been one of particular interest to me. The operation was done about two weeks ago, and the patient is now practically out of the woods. So far as the other kidney is concerned, he is now passing from 1,400 to 1,600 cubic centimetres during the twenty-four hours. The urine is free from pus cells. Only a few days ago my assistant told me that he was afraid there might be another stone forming, as he

had found some oxalate of lime crystals in the urine. I told him to examine a fresh specimen this morning, and he found none of these crystals present.

DISCUSSION.

DR. B. MERRILL RICKETTS: I have had but little to do with the kidney in an operative way for stone, but I have been pretty thoroughly convinced in my own mind (and I have heard several operators who are of the same opinion as myself) that it is bad practice to drive a needle or suture through the kidney for anchoring purposes, and I believe that this practice has been abandoned by most operators. Senn gave us the idea of fixing the kidney, after making the incision and bringing the kidney up into the wound, of bringing a piece of gauze underneath the organ and holding it there until it becomes fixed. I believe that this is an ideal operation, although, as I said before, I have had but little to do with the kidney in this way. I have seen two or three specimens of the kidney in which the needle had been driven through them, where silk, kangaroo tendons, chromotized cat-gut, etc., have been used, and I think this procedure is something on the order of anchoring the sigmoid. It is impossible to hold the sigmoid in place with sutures. Beck has demonstrated this fact to a certainty, and he states that this operation on quadrupeds is all right, but with the human being it is different. I cannot see the propriety of introducing the needle and sutures into the kidney, because I believe they will tear out. I do not know what kind of sutures were used in this case, but I would like to ask the gentleman what his observation has been in reference to the anchoring of the kidney, atrophy resulting from suturing, formation of stone, etc.

DR. R. B. HALL: I rise to discuss the remarks of the last speaker in reference to stitching the kidney. I think clinical experience will disprove his statement as to injuries of the kidney resulting from sutures. A large number of individuals where the sutures are passed through the kidney and the organ fixed to the fascia or the last rib get well, and remain well not for weeks

or months, but for all time. The most satisfactory results that I have seen have been in just that class of cases. I have done this operation a great many times, and have never yet been disappointed except in two instances, one in which the kidney broke loose and the patient had attacks of pain from the twisting of the ureter. In my earlier operations I was somewhat skeptical as to the results of this operation, and I did not stitch them as tight as I do now, and some few of them came loose. I do not think that the remarks of the speaker preceding Dr. Ricketts could have led him or anyone else to believe that stitches through the kidney could do any serious harm. The clinical facts in my own work are contrary to the arguments advanced by the last speaker.

DR. A. W. JOHNSTONE: I would like to ask as to whether in running the sutures deep down into the kidney there is not a danger of these sutures forming the basis for stones to develop. Some of the sutures go into the tubules or pyramidal tracts. I would like to have the doctor tell us whether such a thing might happen.

DR. JOS. RANSOHOFF: That there is a possibility of such a thing occurring I cannot gainsay. The sutures used in the last operation were cat-gut, and when the kidney was removed and opened I found no sutures at all. Of course, it is a question as to whether sutures might not be a basis for the formation of calculi, but my impression is that stones have not formed around suture materials left in the kidney, and I do not recall a case in which suture material has formed a nucleus for stone. In this case such has been shown not to be the case, because when one of these calculi was examined it was found to have an organic nucleus.

The question asked in reference to the propriety of anchoring the kidney or transfixing it with sutures has been ably answered by a previous speaker. I do not hesitate to put sutures through the kidney when I wish to do so, and I have never found that it did any harm except possibly a slight atrophy of the tissue immediately around the site of some of the sutures.

Now in reference to Senn's operation. If the doctor will come with me I will show him a case where this operation was performed. It is not nearly so satisfactory in the matter of after-treatment as the anchoring of the kidney. In the usual method of anchoring the kidney after you have completed the operation you are through for a good many days, but not so with the Senn method. You have a lot of gauze packing in there which has to be removed, and that is not always attended with a small amount of pain. The trouble is that a great many operators go at this operation with the wrong idea. If you go at it and merely anchor the kidney you will have trouble in a good many cases. In the first place, all the fat in which the kidney is imbedded should be removed; if this is not done you are likely to have a prolapsus of the organ towards the abdomen. I do not believe, of all the operations which have been devised, I would prefer the Senn method, as a rule. I think if we draw the kidney to the lumbar fascia and anchor it there, then putting a stitch through the upper part of the kidney and hanging it around the last rib, that the kidney will not give away.

Specimen of Gall-Stones.

DR. EDWIN RICKETTS: I have here a specimen of gall-stones, which is the second case in which I had to split the duct to remove the stones, both of which cases occurred in the practice of Dr. A. E. Gillette, of the East End. I want to call your attention to the manner in which this stone was lodged. The patient from whom this was removed was sixty-eight years of age, and had been suffering with gall-stone colic more or less for three or four years. *For the last six or eight weeks the distress has been almost constant;* there was no let up to it. I never saw a person more profoundly jaundiced than this patient. Some eleven years ago he had undergone an operation for the amputation of one of his legs, so he was not much afraid of surgical procedures, and begged that something be done to relieve him of his terrible suffering, even at the risk of his life. In this

connection I want to impress upon you the fact that in allowing these attacks of gall-stone colic to continue many times brings about disastrous consequences by reason of the *contraction of the gall-bladder*. You will notice that the stone has a groove in the middle something similar to an Indian ax for the tying around of the with. The lower half of this stone extended below the hepatic duct, and the bile flowed around in this crease. The whole gall-bladder was contracted down on the upper half, and I had to open the gall-bladder. I had the wound packed with gauze and the drainage was all that could be desired. The procedure followed was that of Dr. W. E. B. Davis, of Birmingham. All went well after the operation until suppression of urine, fifty hours after, set in, and the patient died in twelve hours. The lesson to be learned is that it is a dangerous thing to let these cases *go on year after year*, and I stand here as an advocate of early surgical intervention in these cases of gall-stones, and I want to say, further, that all the medicine in the world used for the relief of this condition—olive oil, etc.—will not have the slightest beneficial effect. The gall-bladder was so contracted that it was impossible to do the cholecystotomy operation or the cholecystenterostomy. To me this is one of the most interesting cases that I have ever had to deal with, and in reporting it I want to emphasize the fact that to wait until the gall-bladder has contracted you increase the risks 50 to 60 per cent. in doing the operation.

DR. B. MERRILL RICKETTS: I do not like to oppose my brother, but I think that he could have relieved the condition existing in this case much better by another method than the one he adopted. While the method to which I refer has not been generally adopted, it should be more often than it is. The operation was suggested by Dr. Thornton, in 1887, and is known as cholangiostomy. I reported two cases last October at the New York State Medical Association, both of which recovered. It is in just such cases as the one reported where there is a contraction of the gall-bladder that this operation is

preëminently the one to do. It is safer and more practical to go right through the liver tissue and get the stone. By this method you can take the stone out and drain such cases as this one was with no possibility of bile getting into the peritoneal cavity. It might seem impossible to do anything like this on account of the hemorrhage, and yet the hemorrhage is not very great. You will find the blood-vessels so distributed that you may go through into the gall-bladder or hepatic duct without very much hemorrhage. I have demonstrated this fact myself, and others have done so, and in the two cases in which I followed out this plan recoveries ensued. I would like very much to hear from others who have been doing this kind of work.

DR. EDWIN RICKETTS: I want to impress upon the gentleman who has just taken his seat that it was fifty hours before the suppression of urine manifested itself. The drainage was all that we could ask for, and he had no peritonitis. Granting you that cholangiostomy might have been done in this case, it does seem to me a very much more formidable operation than the one which was resorted to. If there had been great danger of peritonitis resulting from the liberation of bile, of course the operation suggested might have been done, but I cannot see the necessity for any such operation as this in the case, or in any done myself.

DR. JOS. RANSOHOFF: I am glad that the gentleman who presented this case to-night did not use the operation just referred to by the doctor who preceded him, *i.e.*, going through the liver for gall-stones. It does not seem to me to be a very rational thing to do under the circumstances, and I do not see where such an operation would be justifiable in any case, certainly not in a case of stone in the gall-bladder. If the gall-bladder is small you can get at it by lifting up the liver, or by excising it if the stone is in the cystic duct, or if it is in the common duct I am sure you would not get at it by going through the liver, and no man can make me believe that such an operation as that just mentioned is ever justifiable for the removal of stones either in the cystic or

common duct. Where it is possible to do this operation there is no necessity for it.

I am glad the reporter mentioned the fact his patient had suppression of urine. In all the cases of gall-stones on which I have operated and the patients died, they have died from suppression of urine. In one case the patient vomited after the operation, and I dreaded peritonitis so much that I made a secondary operation to see whether there was any peritonitis which could be overcome by irrigation, but the woman did not die from peritonitis, but from suppression of urine, as many cases do who have been in a profound condition of icterus.

DR. B. MERRILL RICKETTS: We have been told that it requires a very bold man, that it is an anatomical impossibility to perform such an operation, and also that it cannot be conceived where a condition could be present which would justify such a procedure. No one man has made enough liver operations or gall-bladder operations so that he can say that he has seen all the conditions which might exist in these organs. Suppose you have a liver which is very much hypertrophied, extending down to the ileum. How is it possible under such circumstances to bring a contracted gall-bladder into view and suture it in place? That is one of the conditions in which this operation is justifiable. I was forced to do this operation, and the case was reported in the *Medical Review of Reviews*. It was operated upon a second time to find a stone in the common duct. The woman is living to-day, is doing well, and has had no further trouble. As to the incision through the liver substance, you take your chances on dividing the larger vessels. Put your hand underneath the liver and make your incision through and then extract the stone. Pack the cavity with gauze and keep it packed. Put in a rather strong solution of formaldehyde, strength 1:100, and you will prevent hemorrhage.

DR. W. D. HAINES: I must confess that I cannot understand this operation which Dr. Ricketts has just described. I saw his report in the *Review of Re-*

views, and have heard him speak here twice on the subject, and yet it is not clear to my mind. I can see no anatomical possibility of the operation, and I would consider it a great favor if the doctor would enlighten me in reference to this operation. I have never had any difficulty in reaching the parts which the doctor says in some cases are very difficult of access, by making an incision through the abdominal wall, and have never had any difficulty in getting a full view of the field. It is true in many instances that we do not know where the gall-bladder is, but I have never yet failed to find it.

Case of Ectopic Pregnancy.

DR. B. MERRILL RICKETTS: A short time ago I made a report to the Academy of 1,114 cases of ectopic pregnancy, among which number there were frequent cases in which the fetal structures had escaped through the alimentary tract. I now wish to report a case of the same kind. In this case there was no distension or tumefaction of any kind. I made an abdominal incision and evacuated about three pints of blood-clots, but I did not find the fetus. After removing the clots the cavity was washed out, and she died on the seventh day after the operation. She did not at any time have a temperature over 102, and there was no reason to suspect that dissolution was impending. I made the statement in the report above referred to that the majority of these ectopic pregnancies escaped through the alimentary tract, and at that time there was some expression of amazement and wonder as to how they go into the alimentary tract. The majority of these cases statistics prove pass through the alimentary tract, and they do it in this way. The sac is formed, and as it grows to various degrees the intestines press down upon it and adhesions are finally formed between the intestines and sac; rupture occurs and the contents passes out through the alimentary tract without having seen the abdominal cavity, and I make a report of this case in order to make my previous remarks clear. There are double the number of cases which

pass out through the alimentary tract than through any other way.

MERCUROL IN THE TREATMENT OF GONORRHEA.—At a meeting of the Genito-Urinary Section of the New York Academy of Medicine, held on the 21st of March, Dr. Ferd. C. Valentine reported a case of acute gonorrhea treated by mercuriol irrigations. The patient was an American, aged thirty-two, married, the secretary of a corporation, and was unusually anxious to get well with as little loss of time as possible. He had had several previous gonorrheas, resulting in stricture. On January 21 last, while inebriated, he had coitus *extra domum*. Three days afterwards he found a free yellowish discharge, with the usual pain on urination. He at once put himself under treatment, and for ten days was irrigated regularly with mercuriol, for a part of the time twice a day. Discharge was reduced from a free yellow flow to a slight pin-head drop by the first irrigation of mercuriol, 5 per cent., and the urine became clear. Microscopic examination of a specimen of the discharge, which was taken on the first day, showed numerous gonococci characteristically grouped in pus cells. Two days later, after the fifth irrigation, the gonococci were found to have disappeared. A burning sensation was experienced after the irrigations, but the strength of the solutions being reduced, the pain gradually became less, and ultimately ceased. While he did not present the case as absolute proof of the applicability of mercuriol as a gonococcicide, he thought the results obtained were sufficiently satisfactory to warrant further tests. The preparation, he added, was a new one, prepared by Dr. Karl Schwickerath, of Detroit.

Dr. Ramon Guiteras said mercuriol was being used at the New York Post-Graduate Hospital. The treatment was less drastic than that described by the reader of the paper, the custom at the institution referred to being to commence with small dosages and gradually increase their strength, especially when new preparations were being experimented with. In the case of mercuriol they had commenced with as mild a solution as $\frac{1}{2}$ per cent., and finding favorable though rather slow results, they had gradually increased it, until now a solution of 2 per cent. was given to all patients who presented themselves at a clinic devoted exclusively to this mode of treatment, of which Dr. Otis K. Newell has special charge. He (Dr. Guiteras) was not sanguine about the discovery of a germicide which would cure gonorrhea in the brief time their unprofessional brethren with their remedies claimed to be able to do, but on the other hand he did not wish to be regarded as a pessimist, and if mercuriol proved to be as much of an improvement on protargol and argonin as they had done on permanganate and nitrate of silver, it proved that they were progressing along the correct lines.

Further reports of experiments with mercuriol are to be given at future meetings.

WESTERN OPHTHALMOLOGIC AND OTOLARYNGOLOGIC ASSOCIATION.

The Western Ophthalmologic and Otolaryngologic Association held its fifth annual meeting at St. Louis on the 5th, 6th and 7th of April. The President, Dr. W. Scheppergrell, of New Orleans, opened the meeting with a paper on the "Rise of Specialism," in which he disproved the oft-repeated charge that specialisms in medicine are modern innovations. He cited historical data dating several centuries before Christ, in which distinct references were made to specialists of the eyes, stomach and the head. The essayist commended specialists in medicine, as they promote more detailed study and thereby lead to higher medical attainments.

J. W. Bullard, M.D., of Pawnee City, Neb., read a paper on "Two Classes of Eye Cases that Give Me a Great Deal of Trouble." Chief among them were those in which irritation and dryness of the conjunctiva persisted in spite of every attempt at refraction which had been made.

Edwin Pynchon, M.D., of Chicago: "Slight Irregularities of the Nasal Septum." The author advocated the removal or correction of slight irregularities of the septum when there were disturbances of the nasal functions on account of their presence. If later and larger developments justified their removal, the author thought their early removal was justified on the grounds of "A stitch in time saves nine."

C. R. Holmes, M.D., Cincinnati: "Foreign Bodies in the Orbit, with Report of Cases." About seventy cases were compiled from the literature by the author and three additional ones reported by him. The most interesting and unique case was one reported by the author. It consisted of a knife-blade about one and a half inches long which had been in the orbit thirty-two years without causing much inconvenience. It was imbedded in a fibrous capsule and was but slightly rusted.

B. E. Freyer, M.D., Kansas City: "Report of a Case of Railway Trauma of the Eye and Its Legal Aspects."

M. A. Goldstein, St. Louis: "Presentation of Cases: (a) Primary Tuberculosis of the Ear; (b) Primary Tuberculosis of the Larynx." (a) The case had been operated on some years previously, and had a recurrence some months ago, at which time Dr. Goldstein did the Schwartz operation. Bad symptoms developed a few weeks ago, and he did the radical operation, since which time the patient is doing well. (b) The second case was one of probable primary tuberculosis of the larynx, which came under the observation of the author about one year ago. At that time he was in a very serious condition; death seemed but a matter of a few weeks or months. The patient was greatly emaciated, and in response to the treatment administered had gained a fair degree of health, being able to attend to business. The diagnosis in the case is somewhat doubtful, but the author having excluded lues and malignant growth, has made the diagnosis of primary laryngeal tuberculosis. Tubercle bacilli are absent and the tissue has not been examined microscopically.

Dr. Wm. L. Ballenger, of Chicago: "The Physiologic Tests of the Organ of Hearing as Aids in the Differential Diagnosis of Lesions of the Ear." The author advocated the physiologic tests of the ear, including the range of hearing, as tested with the tuning fork, Galton whistle, the Webber experiment, the Rinne experiment, the Schwaback and Bing tests, as important aids in the differential diagnosis of the lesions of the ear. They are of special importance in determining the location of the lesion. He suggested that in a general way the deeper the structure involved, the more pronounced the disturbance of hearing and the less probability of a cure. The tests were therefore recommended more for the purpose of aiding the surgeon in giving a correct diagnosis than for the purpose of aiding him in the treatment, which is often unsuccessful. Six cases were cited illustrating lesions of different kinds in the middle ear and labyrinth, in which the tests were used for the purpose of differentiating them. He recommended that the tests be made in all cases of ear dis-

ease in which there was marked deafness and tinnitus, both before and after the inflation of the tympanum. If this point is neglected the diagnosis may not be properly made. While the physiologic tests are not absolute guides to a correct diagnosis, they are, together with all other means of diagnosis, the most correct at the command of the aural surgeon, and therefore should be invariably used.

O. J. Stein, M.D., Chicago: "Symmetrical Osteoma of the Nose; Report of a Case." The author reported a very rare case of symmetrical or double osteoma of the nose, occluding the nasal chambers and extending to either side for a considerable distance, whereby the patient was given the typical frog-face appearance. Osteoma upon one side is rather common. This case was presented on account of its unique type, and was reported with a number of other cases collected from the literature. No attempt was made to correct the deformity, as the patient is well advanced with tuberculosis, several other members of the family having died with the same disease.

Jno. J. Kyle, M.D., Indianapolis: "The Sympathetic Inflammation and Sympathetic Irritation of the Eye." The author made an interesting review of the subject presented, in which he advocated the usual classical treatment.

Adolph Alt, M.D., St. Louis: "Studies Concerning the Anatomy of the Eyelids, Especially Their Glands" (with lantern slides). The purpose of the author was to report the result of an extensive examination made of the tissues of the eyelids, in which he had found mucous glands located in positions where they were not usually found. He also stated that in all his examinations, with one exception, the tarsal cartilages of the eyelids were not true cartilaginous tissues.

H. W. Loeb, M.D., St. Louis: "Presentation of Specimen of 107 Polypi Removed at One Sitting." This case was unique, not so much on account of the great number of polypi removed from the nose as from the fact that they were removed at a single sitting. They were uniformly pedunculated and varied

greatly in size. They were removed with an electro-cautery snare devised by the author.

J. O. Stillson, M.D., Indianapolis: "Removal of the Middle Turbinate for the Cure of Some Forms of Inveterate Eye Disease." The author read a very interesting paper upon this subject, in which he reported his observations as to the relationship of nasal and eye diseases and the results he had obtained in allaying eye symptoms by the treatment of nasal conditions, more especially the removal of the turbinate.

Dr. Goldstein, as Chairman of the Local Committee of Arrangements, arranged for a museum of pathologic and anatomic specimens, which, while not large, was extremely interesting, and marks a new departure in this society.

The officers elected for the ensuing year were as follows: Dr. M. A. Goldstein, of St. Louis, President; Dr. Würdemann, of St. Paul, First Vice-President; Dr. C. R. Holmes, of Cincinnati, Second Vice-President; Dr. Fayette C. Ewing, of St. Louis, Third Vice-President; Dr. W. L. Dayton, of Lincoln, Neb., Treasurer; Dr. Wm. L. Ballenger, of Chicago, Secretary; Dr. C. R. Holmes, of Cincinnati, was made Chairman of the Local Committee of Arrangements for the meeting to be held in Cincinnati next year; Dr. Loeb, of St. Louis, Chairman of the Membership Committee.

PHYSICIAN, four years' experience, desires to associate with busy practitioner. Address W. E. H., Cozzaddale, Ohio.

NATURE'S NEEDS.—Symptoms may be said to be intensified physiological functions accentuated to such an extent as to constitute abnormalities. This is true of fever, pain and the whole host of symptoms ascribable to special organs and tissues. Emaciation and nervous exhaustion ensue because the processes of disease, requiring as they do fuel for increased oxidation, deplete the patient of nervous force and tissue structure. Nature's method of repairing waste—by food—is prevented, because the digestive organs share in the general enfeeblement consequent upon disease. The patient has neither the inclination to eat nor the physical powers necessary to digest and assimilate food. It is in just this class of cases that the restorative effects of Gray's Glycerine Tonic Comp. are most pronounced.

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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DR. J. C. CULBERTSON,
317 W. Seventh St., Cincinnati, O.

CINCINNATI, APRIL 21, 1900.

Editorial.

THE HORIZON OF LIFE.

In ages that are past astrologers were wont to cast a horoscope of the life of an individual, foretelling future events and influences from the zodiacal signs present in the heavens at the hour of birth. The period of astrological influence has given way to a modern science in which there is evolved more things that are new and strange than were ever developed by ancient philosophy. There are new concepts and percepts which are both possible and probable, from which views of a limitless horizon of life may be obtained, a result of which is observed in the neighborly contiguity of individuals and nations. Nevertheless, the horizon of life is an exceedingly variable term, expansible and expanding, or narrowing and contracting, according to the intelligence and enlightenment of the peoples of the world.

Aggressive, progressive, developing modern science is the needle of the compass that points to the star of individual and national destiny. It is no

longer the largest battalions or greatest number of ships that decides the fate of monarchies and republics; but the man, his gun and armor plate determines not only the future of the individual, but of all that he stands for.

In ordinary every-day existence the comprehensive life lines are measured by immediate environments of the individual, and extend from the uttermost parts of the heavens to earth. No two persons grasp an equal expanse; one sees pennies and nickels, another dollars and eagles; one views acres, another leagues; one observes villages and towns, another cities, states and nations. Waves of wind are veered by barriers of wood and stone. Electricity illumines, heats and pierces metals.

The inscrutable scintillations of man's intellect sparkle and expand in proportion to his culture, training and education. There is no such thing as a standstill. The world and all of its forces are both changing and moving. There is a constant regeneration and degeneration, a building up and tearing down. The very atmosphere may be liquefied, solidified and inhaled; while thought is expressed through a wireless media and distance annihilated. Impulses of imagination develop a reality in poetic vision, and in fiction writers that broadens the horizon of life and enables the peoples of the earth to see things that were invisible. There are lights, shadows and darkness, but the horizon of life is not limited by distance, time or space.

The intuitions and speculations of the human mind are unfathomable, and cannot be measured by latitude or longitude, the depths of the sea or height of the stars. Nothing just happens by chance, but everything takes place and occurs according to immutable law. As man was in body and spirit created in

the image of God, so he walks with Him and in everything is supported by the hand of an omnipotent, infinite and eternal Fatherhood.

THE CINCINNATI HOSPITAL BOARD OF TRUSTEES.

It is a sincere pleasure to note the recent appointment of Drs. C. R. Holmes and A. B. Isham as members of the Board of Trustees. Both are eminently well qualified to administer the affairs of the Hospital. This institution has grown with the necessities of the city, and is now a chief charity of the municipality.

Both Drs. Holmes and Isham are thoroughly identified with the local medical profession. They understand the wants and requirements of the institution, and as broad-minded men will meet emergencies and occasions as they arise.

It may be taken for granted that some new rules will be adopted. Life positions on the staff should become measures of the past. Without criticising the ability of any one, it is quite well known that there are others who are just as capable, and who have equal rights to a chance to display their skill to the invalid and injured paupers of the city.

More than ever it should be understood that the Cincinnati Hospital is supported solely for the benefit of the poor of the city, and in it there should be no pay patients. Poor people have a right to all the benefits of the hospital, and lose none of their self-respect in going there; but the man or woman that is able to pay for hospital attention has no business there and loses whatever personal self-respect he or she may have when seeking registration as patients.

Police patrol service has been grati-

fyngly lessened by the recent administration, but there is a good deal of room for improvement in this direction in the future.

The establishment of a branch out in the country for tuberculosis cases has been a great success. The Legislature, at its recent session, has abundantly supplied the means for its continuance, further enlargement and improvement.

It is always a pleasure to note recognitions given to active practitioners who have made some indelible marks in the way of professional work, and an equally sincere regret at seeing medical official honors bestowed where the recipient has sown and harvested nothing but professional leaves. There is nothing more important, or that conduces in an equal degree to the prosperity of a city, state and nation, than the physical health of the people. This is paramount to all other considerations, and should be so recognized by authorities in power. Large contributions to campaign funds should have no weight whatever in making such appointments. Merit and merit alone, as acknowledged in working professional circles, should have a recognition. Drs. Holmes and Isham have honorably won the honors recently bestowed upon them, and are subjects for congratulation.

THE OHIO LEGISLATURE—ALL IS WELL THAT ENDS WELL.

This august body seemingly left little or nothing more to be desired upon the part of the medical profession. The amendments made and shaped up by the State Board of Registration were well sustained by committees from the various societies. The bill as finally passed has all the strength of the New York law. It provides for similar ex-

amination of students in Cincinnati, Columbus, Cleveland and Toledo. The bill in special interest of the Osteopaths was defeated, and in order to obtain a right to practice they are obliged to pass the same sort of an examination that is exacted from others.

It is a very great pleasure to report that Lieut.-Governor Caldwell, presiding officer in the Senate, did good and efficient service in the cause of legitimate and reputable medicine. In fact, his services were so valuable that he earned the appreciative thanks of the medical profession of Ohio. Dr. Dandridge, of this city, was untiring in his labors for the passage of the medical bill. Drs. Love, Coleman and Hendley deserve marked credit for efficient aid rendered. The best of diplomacy was all of the time necessary to success, and all of the time it was present and ready to be accounted for. The opposition and antagonism of the osteopathic element was continuously at the front, and they had able counsel, able workers, and apparently located in a permanent court.

In a legal way the medical profession of Ohio are at this writing in better form than ever before in the history of the State.

In mentioning others it should have been stated that Dr. Frank Winders, Secretary of the State Board of Registration, rendered valuable service.

ROADS AND STREETS.

Civilization is said to be indicated by the character of the roads of any country. With this idea in mind it is a pleasure to note the great improvements made in the Central States during recent years, and the good work continues. In this respect cities have kept abreast of the country districts,

and now the agitation is for clean roads and clean streets.

The people are learning laws of health, and that dirt and filth are synonymous with disease, while purity and cleanliness are equally indicative of health and physical prowess.

Health means joy and happiness in living, good roads and good streets are conducive to a felicitous life. Having good roads and streets, there is created at once a natural desire to keep them clean. In the streets in cities old slushing methods must be abandoned and new, improved, individual hand-work adopted. This may cost a little more in one way, but it would be more than compensated in others. Good health, less sickness and fewer deaths. Funerals are always expensive, and nobody cares to cultivate them as a specialty. So while the new city broom is sweeping clean, give aid and encouragement to a gift of continuance.

EDITORIAL NOTES.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.—The annual meeting will be held in Richmond, Va., May 22-25, 1900.

PROGRAMME.

The Annual Address will be delivered by Dr. J. Allison Hodges, of Richmond. Other addresses will be made by Governor J. Hoge Tyler; Mayor R. M. Taylor, of Richmond; Dr. John N. Upshur, of Richmond.

The Insane in General Hospitals. Dr. J. M. Mosher, Albany, N. Y.

The Colonization of Certain Classes of the Chronic Insane, with Suggestions and Illustrations from the Craig Colony for Epileptics. Dr. W. P. Spratling, Sonyea, N. Y.

Surgical Operations in Hospitals for the Insane. Dr. Wm. Mabon, Ogdensburg, N. Y.

Myxedema Insanity. Dr. H. Ernest Schmid, White Plains, N. Y.

Separate Provision for Tuberculous Patients in State Hospitals for the Insane. Dr. A. H. Harrington, Hathorne, Mass.

Is the Anglo-Saxon Degenerating? Dr. J. Russell, Hamilton, Ont.

The State of New York vs. The Pathology of Insanity. Dr. P. M. Wise, New York.

An Analysis of One Hundred Cases of

Acute Mania. Dr. E. N. Brush, Towson, Md.

Dementia Precox. Dr. G. H. Hill, Independence, Ia.

What Condition if Any Would Warrant the State in Taking Life Because of Incurable Mental Disease or Defect. Dr. R. Dewey, Wauwatosa, Wis.

Clinical Study of Thyroid Extract. Drs. W. F. Drewry and J. M. Henderson, Petersburg, Va.

Primary Dementia. Dr. Geo. P. Sprague, Lexington, Ky.

Food and Dietaries for the Insane. Dr. W. H. Kidder, Ogdensburg, N. Y.

The Influence of Military Campaigns in Tropical Climates in the Production of Insanity. Dr. A. B. Richardson, Washington, D. C.

The Study of a Year's Statistics. Dr. Chas. W. Pilgrim, Poughkeepsie, N. Y.

Mental Responsibility. Dr. Chas. W. Hitchcock, Detroit, Mich.

Reciprocal Relations. Dr. W. B. Lyman, Mendota, Wis.

The Study of Psychiatry. Dr. Aug. Hoch, Waverly, Mass.

Some Statistics and a Partial History of the Insane in Virginia. Dr. R. J. Preston.

Reflections on Traumatic Hysteria. Dr. C. B. Burr, Flint, Mich.

Other papers, the titles of which are not yet furnished, are promised or conditionally promised by Dr. I. H. Neff, Pontiac, Mich.; Dr. A. R. Moulton, Philadelphia, Pa.; Dr. H. L. Palmer, Utica, N. Y.; Dr. R. M. Bucke, London, Ont.; Dr. C. P. Bancroft, Concord, N. H.; Dr. A. MacGugan, Kalamazoo, Mich.; Dr. Chas. G. Chaddock, St. Louis, Mo.

THE Congress of Physicians and Surgeons will meet in Washington May 1-3. This is one of the most important meetings of the year, as the Congress is constituted of the various special societies. Once every three years these organizations come together in Washington. Special rates and arrangements are made with the Big Four and C. & O. Railways. These are favorite lines with members of the medical profession.

ACADEMY OF MEDICINE.—Monday evening, April 23, Dr. J. M. Withrow will read a paper entitled "Retroflexions of the Uterus." The discussion will be opened by Dr. E. Gustav Zinke.

A GOOD OPENING for a doctor. Address Box 27, Morning Sun, O.

THE CINCINNATI LANCET-CLINIC

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APRIL 28, 1900.

WHOLE VOLUME LXXXIII.

Original Articles.

OPHTHALMIC MEMORANDA.

BY DAVID DEBECK, Sc.B., M.D.,

CINCINNATI,

OPHTHALMIC SURGEON, ST. MARY'S AND GOOD
SAMARITAN HOSPITALS.

Some Injuries of the Eye.—Ocular injuries vary so widely with almost every individual case that anything like a strict classification is extremely difficult, if not impossible. The most interesting, and generally the most instructive, literature is therefore the clinical records of the individual cases. The individual indications for treatment are often so diverse, modified so frequently by quite minor complications, that in this important respect particularly each case must generally be a law unto itself. So that cases reported, which at first glance seem to be merely *bizarre*, or purely clinical curiosities, are not, therefore, necessarily without value. Interesting they always are, for one's experience must be enormous before any case fails to come with some element of novelty or some special point of interest.

A number of injuries have been previously reported in these columns, but notes of other cases that have accumulated may not be unacceptable.

Traumatic Evisceration.—Cases have been reported of the traumatic dislocation of the eyeball forwards, from the thrust or pressure of the thumb of an antagonist—by what is popularly known as “gouging.” In fact, Leber genially remarks that this accident, and this method of fistic warfare, are not uncommon in some parts of the States. I have myself never seen a simple case of this sort, but have recently had under my care a probably unique complication attending one.

Charles L—, æt. 28. Member of the “shanty-boat” colony, a rough, vicious and largely criminal crowd living in some rude

house-boats along our river front, above and below the city proper. Although usually adverse to manual labor, several of them had helped the laborers in one of the distilleries to hurry through their work on New Year's morning to secure a half-holiday, and had been paid with a jug of strong, unrectified spirits. The consumption of this ended up in a general fight.

Our patient could remember very little of the details, but a woman spectator stated that his opponent had “gouged” him in the eye. I saw him the following day, suffering considerable pain. The right eyelids were greatly swollen and ecchymotic. On separating them and the chemotic conjunctiva I found a condition that at first I was unable to understand. There were some ragged edges and pigmented shreds protruding. After a thorough application of cocaine I was enabled to clean and examine the parts. The right thumb had evidently been thrust in across the front of the eyeball, and then forcibly pushed into the inner angle with the palmar surface against the side of the nose. My idea is that a long ragged thumb-nail had first cut across or into the eyeball, and then under the pressure it had ruptured along the line of this scratch or cut. There had been a rupture resembling closely the Graefe incision for cataract-extraction, only extended about equally inwards and outwards, and with a downward curve. It would have formed a very good upper incision for complete abscission of the cornea, and, in fact, I practically used it for such. The eyeball was turned almost inside out; there were no signs of lens or vitreous, and most of the uveal tract and retina seemed to have also disappeared.

He was a handsome young ruffian, with, as is not uncommon in such cases, a high regard for his personal appearance; so at his urging, when I had explained matters to him, and my own curiosity to witness the experiment, I determined to try the insertion of a glass vitreous. The tissues were thoroughly and

laboriously cleansed with antiseptics; the upper edge was trimmed even; the lower edge was cut off by a corresponding incision, and the cavity was cleared of all remnants and clots and thoroughly swabbed out. A medium-sized glass ball was readily inserted, and the incision closed with seven vertical sutures, making a very smooth, snug fit. The reaction was tremendous, compared to the other three cases that I have had, but there were no signs of extrusion. Eventually it quited down into an excellent stump, upon which he has just put an artificial eye with most satisfactory deceptive effect.

This is, so far as I know, the only example in which an artificial vitreous has been inserted in a traumatic case, and twenty-four hours after the injury. It is of interest as demonstrating that this *can* be successfully done, even if the probabilities are that it would rarely succeed.

Traumatic Enucleation.—The clean and complete removal of the eyeball by an injury must be an accident of the most extreme rarity. The following accident of this sort is probably unique of its kind. It certainly deserves permanent record.

Chris. H—, æt. 26. This man was a fireman, and at the time of the accident (January, 1895) was on service at a fire. The fire department has a compound nozzle (which they have familiarly nicknamed the "Siamese twins") with two hose, each coming from a separate engine, and converging into a single nozzle. The force of this stream is tremendous, and the reaction is so great that it is with difficulty that even three or four men manage it in action. Notwithstanding all their care, it will occasionally "get away" from them. This is what happened on this occasion. Switching around, the current of water struck him full in the face, and at a distance of not over three or four feet. He was knocked fifteen or twenty feet by the force of the current, and rendered unconscious. He was taken to the hospital, restored to consciousness, bandaged up and put to bed to rest. It was not until the next day that attention was directed to the eye, and an examination was made. On separating the eyelids of the left eye, which were swollen and contused, there was revealed some ragged and ecchymotic tissue, but *absolutely no trace of the eyeball* could be found. It was evident that the comparatively small current of water, but with this tremendous force, had been

driven into the corner of the eye, had insinuated itself behind the eyeball, and in the regurgitation had completely and quite neatly torn the eye from the orbit.

The case went on to a speedy and complete recovery. The torn tissues healed apparently as readily as after a formal enucleation. A few days after the accident Dr. C. R. Holmes presented the case before the Cincinnati Academy of Medicine. A short notice of the case was given in the regular Academy report at the time, but it seems worth a more permanent record, especially as I know of no similar case in the literature.

Rupture of the Choroid.—This accident is not of very great rarity, several cases having been reported even in these columns. But a case that presents any unusual features differentiating it from the ordinary run of cases is well worthy of special note. One such case has been recently seen.

W. A. W., æt. 38. Fell upon the icy street, striking his head upon a pile of stone. The left lids were bruised and swollen. At the end of a week the swelling had subsided, but V. was found impaired. To complicate matters, the right eye was amblyopic, with convergent strabismus. He was not seen until two months later. V. was $\frac{20}{100}$; pupil slightly dilated, but responding normally.

Beginning at the lower temporal margin of the disc was a rupture of the choroid, running almost straight outwards and slightly upwards. The first part is about twice as long as the disc diameter, and about twice as wide as the main trunk of the vein. It is white, and is bordered with pigment. A small retinal vessel passes undisturbed across it. The second part extends about an equal distance on outwards. It is still narrower and ends in a fine point. It is pale red, but considerably lighter than the fundus. It is evidently an incomplete rupture, an extension in part of the other.

This rupture is of extreme interest, owing to its unusual radial direction, rather than the usual arrangement concentric to the disc. It is also remarkable that vision was not more seriously damaged, running, as this tear does, so near to the macula.

Rupture of the Sclera.—Rupture of the outer coating of the eyeball from external violence is not a very unusual accident. It results usually in destructive inflammation and atrophy of the globe. Only as these cases may illustrate the advantages of suture

ing these wounds as compared with the merely expectant plan, are they of any value.

Lillie B—, æt. 15. Stumbled over an obstruction and fell upon the pavement, breaking a pitcher she was carrying. A splinter was driven through the right upper lid, and into the eyeball. It made a horizontal cut about half an inch long, and 5-6 mm. from the corneal border. The vitreous was freely exposed, but the internal structures not much disarranged.

Three sutures were put in, the middle one being passed through the edges of the sclera, and the lateral ones through the conjunctiva only. Healing took place with very little reaction, and resulted in the formation of a very firm cicatrix. There was a slight bulging above, and this resulted in an alteration of the curvature of the cornea and the development of a considerable amount of artificial astigmatism. Without glasses $V. = \frac{10}{30}$; and with + 6.00c axis $60^\circ V. = \frac{18}{30}$. The fundus remained normal, except for the optical distortion.

The result in this case was surprisingly good, and illustrates the possibilities of operative treatment. The result in the next case is not so good, but represents more nearly the average result.

Michael M—, æt. 28. Laborer working for a contractor. In passing down a dark narrow cellar-stairway to put away his tools he ran against a file that some other workman had carelessly stuck in the wall. It was driven through the right upper lid, and into the temporal side of the eyeball. There was a lacerated vertical wound, close to the outer corneal border, and about as long as the height of the cornea. The pigmented ciliary region was exposed, but the lens was not dislocated. Three sutures were put in, but all were passed through the conjunctiva only. There was considerable reaction, but the sutures held until union was secured. The eyeball, however, shrank considerably; and $V. = nil$.

This result was much poorer than that above, but even it was better than in the following case.

Will D—, æt. 25. Struck in the left eye during a fight; probably with a club or a pair of brass knuckles. Seen next day the eyelids were swollen, and the conjunctiva intensely chemotic. There was a rupture of the sclera above the cornea, and close to the corneal border. It was nearly horizontal, and nearly

half an inch long. The ciliary region was exposed, and the internal structures probably much disorganized. The swelling was so great that it was not thought practicable to put in sutures. Antiseptic lotions and cold compresses were kept applied. Recovery was slow and interrupted. The eye finally shrank down into a partially atrophic condition with an indrawn cicatrix. There has been at least one recurrent attack of inflammation, and it is not at all improbable that the eyeball may have to be enucleated at some future time.

Retinitis Proliferans.—Another case of this character has come under observation, that presents some points of interest, and seems worthy of being added to the not very long list of this rather rare condition.

Fred. S—, æt. 10. Injured in the right eye by a stone thrown by a playmate. The accident happened at five o'clock, and I saw him in the evening at my home, and did not make a very careful examination. The eye showed no external wound, and no more congestion than any blow would make; but the vitreous was already clouded, and the iris was tremulous below, indicating a partial rupture of the suspensory ligament. The next day the vitreous was entirely full of blood. The next day there was blood in the anterior chamber, which I thought had oozed forwards from the vitreous, through the rupture below. The eye remained quite quiescent, and the blood soon cleared from the anterior chamber. It was several weeks before the blood and its remnants cleared up from the vitreous chamber. There was evidently some contracting strands in the vitreous, drawing the lens slightly backwards, but not entirely dislocating it, for the iris is distinctly tremulous, although the lens is in place. As soon as the vitreous was clear enough to get any view of the fundus a retinitis proliferans was discovered already well developed. It is of the ordinary type, a mass of white tissue covering the disc, and with four principal strands spreading out over the posterior part of the fundus. The vessels are not to be made out clearly, but seem to be much fewer and smaller than normal. $V.$ is entirely lost.

This case illustrates that this condition may result from a pure, uncomplicated hemorrhage into the vitreous, and thus strongly supports the now generally accepted view that this condition is always the result of vitreous hemorrhages. This also illustrates

that it may result from a single hemorrhage, and that recurrent hemorrhages into the vitreous are not necessary, although this is usually what occurs. It is also of interest as having occurred in a child. I do not recall the ages of the recorded cases, and so do not recall whether any of them are in children or not.

Stone in the Vitreous.—Usually a foreign body in the vitreous will give some reasonably certain indications of its presence, either from the history, the character of the wound, the condition of the media, a sensitive point, a scotoma, etc. But occasionally the indications are entirely negative, and the positive diagnosis extremely difficult. It may even happen, as in the following case, that the indications point clearly opposed to the presence of a foreign body, and yet a foreign body actually be present. Such a peculiarly deceptive case is the following, and it also has some almost unique points of interest.

—, æt. —. This man was injured, during November, 1899, by some bits of stone flying off from a rapidly revolving grindstone. The left eyebrow was cut, evidently by a large piece; and the left eyeball was cut into, presumably by the same piece. The local physician, under whose care he was, maintained throughout the opinion that there was no foreign body in the eyeball. He came into my service at St. Mary's Hospital in February, 1900.

There was a vertical wound of the cornea (in the left eye), about over the inner edge of the pupil. It was completely healed, but it clearly showed that it had been a flap-like wound, beveled inwards and towards the temporal side. It had evidently healed quite kindly, and without any considerable corneal ulceration. There was no anterior synechia; the pupil dilated to the inner side, but there was a wide and firm posterior synechia to the outer side. There was no exudation into the pupil, showing that there had been no considerable iritis.

The lens was perfectly clear, but there was a dense exudate into the vitreous, so that no view of the fundus was possible. Vision was *nil*. It was also my opinion that there was no foreign body in the vitreous, for I could see no possible mode of entrance for a foreign body passing through nearly the centre of the cornea, and the iris and lens showing absolutely no trace of wound or injury. Still, the eyeball remained congested

over the outer ciliary region, and this point remained persistently tender to pressure. Some sympathetic irritation showing in the other eye, this left eye was enucleated.

There was found, lying snug up against this part of the ciliary region, a round, bi-convex bit of stone. It was quite regular in shape, fairly smooth, and reminded one exactly of a rather small nucleus in a cataract extraction. It was firmly bound into place by organized exudates, the vitreous was full of exudates, and the retina entirely detached. The anterior capsule of the lens showed no trace of injury. I was compelled to the following explanation of its entrance: it was probably driven nearly through the cornea, and lodged there; the edges of the iris probably clasped and spread around its inner edge; the involuntary pressure the wounded man would make upon the eyelids probably pushed it firmly but easily through the pupil, between the iris and lens, through the suspensory ligament, and into this position against the ciliary body. This *must* be the track that it traversed, and I can hardly imagine it possible that it could have been driven safely along this track by the original force of the blow, and in one movement. Recovery was uneventful, and the sympathetic irritation subsided.

Thorn Through the Cornea.—An accident somewhat similar to the above, but much simpler, came under observation some years ago. It also illustrates a useful manœuvre in similar cases.

Henry S—, æt. 16, a young farmer lad from the western part of the county. In passing through some dense underbrush he had been switched in the right eye by the thorny branch of some bush or small tree. The recoil of the branch, or his spasmodic rubbing of his eye, had broken the thorn off flush with the surface of the cornea. The thorn was driven almost exactly through the centre of the cornea, and almost absolutely vertical. Its tip reached just to the anterior surface of the lens, and it was already beginning to scratch the anterior capsule. I saw him the day following the injury. It was broken off exactly even with the surface of the cornea, and one tentative attempt with the forceps showed me that there was danger in this method of pushing it on into the anterior chamber, or in through the anterior capsule of the lens. Neither did I wish to open the anterior chamber freely for a pair

of forceps, for the escape of the aqueous might allow the lens to be pushed forwards and possibly impaled. The lids were separated with the lid-holders, cocaine thoroughly applied, and two fine dissection needles were used. One was passed through from each side, and then the opposing points carefully inserted into opposite sides of the thorn. With a slight outward leverage the thorn was brought out a bit, and was then easily removed with a pair of fine forceps. Recovery was uneventful.

It was remarkable that no traumatic cataract developed. The scratches were perfectly distinct, but evidently did not open the capsule.

Hemorrhage Into the Cornea.—Hemorrhage into the anterior chamber is frequent enough, and a splash of it may often appear to careless observation to be in the cornea itself; but a hemorrhage that is actually between the layers of the cornea itself must be extremely rare. Such a case we have had the good fortune to recently have under continued observation during the development of the successive stages of the condition.

R. E. W., æt. 35. Patient was a railroad man, and the day before had been struck in the left eye by a flying cinder from the engine. The eye has been painful, and V. is beginning to be badly blurred. The outer zone is intensely congested, and at the lower outer margin there is one distinct enlarged vessel that passes up sharply to the corneal margin. As an evident exudation from this is a peculiar four-leafed clover shaped hemorrhage into the cornea (Fig. 121). The next

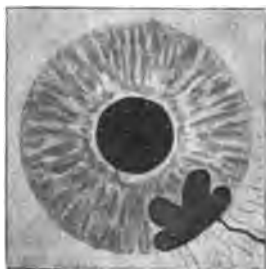


FIG. 121.

day this had enlarged in all directions, but was still rather regularly tri-lobed (Fig. 122). The upper lobe had reached the edge of the pupil. The next day the area had increased to an almost rectangular patch, involving

nearly the lower half of the cornea (Fig. 123). The tint had changed from a bright red to a dark red, with a bright red streak still show-



FIG. 122.

ing at the lower outer corner. This was, however, about the limit of the extravasation. Four days later it showed a rounded area covering the lower half of the cornea, and



FIG. 123.

with its upper edge already becoming thinner and paler. Its tint was already changing to a brownish red (Fig. 124). Four days later its shape was unchanged, but it was a trifle

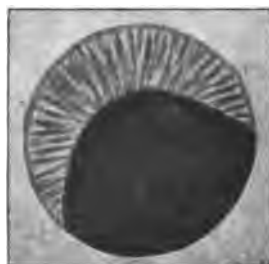


FIG. 124.

smaller. Its edges were thinner, ragged and uneven. Its tint had changed to a coffee color. Ten days later the whole area was granular and uneven, but not much smaller.

As long as he remained under observation there remained a speckling of this portion of the cornea, so that the ultimate outcome was not observed.

This hemorrhage was unquestionably in the cornea, and evidently was a dissection between the cornea proper and the membrane of Decemet. Oblique illumination and inspection well from the side showed clearly the anterior chamber empty, and the entire iris clearly visible. By similar inspection, far to the side, the smooth shining posterior surface of the red patch could be readily made out. Between the red patch and the observer the cornea lay like a thin zone of delicate fog. Even in the later stages, with the head thrown forward so that rays could enter the pupil over the upper edge of the patch, vision was very good; only clouded, due to the delicate infiltration of the cornea in general.

The final outcome was probably some pigment stippling into the cornea, although he ceased attendance after several weeks without any material change taking place in his condition.

Teaching the Principles of Nutrition in the Public Schools.

At the annual meeting, October 2, of the Detroit Medical and Sanitary Association, the president, Dr. Chas. Douglas, in his address, "Teaching the Principles of Nutrition in the Public Schools," said that proper nutrition is the foundation of human development and success. "As the horseman knows that the bluegrass of Kentucky grows the best bone, nerve and muscle in his young animals; as the farmer knows that corn is the best fattening agent for his stock; as the milkman knows that certain kinds of food will give copious returns in milk, and certain other foods produce fat and muscle only; as the florist knows that clay soil grows the best roses, and leaves make the best manure, so must we teach our young the value of individual food in supporting particular parts of the body."—*Med. Times.*

To URINE suspected of containing pus add enough tincture of guaiac to produce a milky appearance, then boil. The pus will produce a blue tint.—*Med. Summary.*

SURGICAL ELECTIONS IN OBSTETRIC, ABDOMINAL AND PELVIC SURGERY.*

BY J. G. CARPENTER, M.D.,
STANFORD, KY.

A physician is born once to live, once to die; the judgment comes before and after death.

Conservative abdominal and pelvic surgery in embryotomy, craniotomy, symphysectomy, Sanger-Cæsarean and Porro sections, are those of election; embryotomy, performed at seven and one-half or eight months, for the benefit of both mother and child, life-saving aseptic surgery.

Craniotomy, by competent physicians, will *only* be done upon a dead fetus. Symphysectomy should be done at the commencement of labor, after the first stage. It gives more space to the true pelvis, lengthening the diameters, and in the interest of both mother and child should be life-saving, and not wait for exhaustion, inertia and collapse to take place before proceeding to operate, the patient's condition previously known and prepared for operation. The mortality in symphysectomy is small. Sanger-Cæsarean and Porro sections also, being those of election, and life-saving to both mother and child, have a small mortality in competent hands, viz., the skillful surgeon, and should be performed early, at beginning of labor, before exhaustion, when patients are in best possible condition for the ordeal, having been formerly diagnosed, their pathology understood, and prepared for operation; the location of placenta, the position and presentation of fetus made out in advance by physical diagnosis.

The immediate dangers to mothers in embryotomy are hemorrhage, traumatism and infection; in craniotomy, impaction of fetal head, traumatism and puerperal sepsis; in symphysectomy, hemorrhage, traumatism and puerperal

* Abstract from paper, "Conservative Abdominal and Pelvic Surgery is Life-Saving, not 'Ideal,'" read by title before the Kentucky State Medical Society, Louisville, Ky., May, 1899, and Lincoln County Medical Society, March 12, 1900.

sepsis; in Sanger-Cæsarean and Porro, hemorrhage and shock and peritonitis. The Sanger-Cæsarean has one advantage over the Porro, viz., that the woman can again become pregnant, have viable children; whereas, the latter, through hysterectomy, removes fundus and body of uterus with ovaries and tubes, and the woman is free from impregnation in the future.

Indications for embryotomy are deformed or contracted pelvis, or pelvic neoplasm, proven by minute physical examination and pelvimetry; craniotomy, always on a dead fetus. Indications for Sanger-Cæsarean and Porro sections are transverse presentation of child (impacted), cancer of cervix, neoplasm of pelvis, or intrapelvic or abdominal tumor, preventing the successful birth of a living child.

Placenta previa in a normal patient, normal pelvis, is a contra-indication to abdominal section. Who should operate? The practitioner or surgeon, who has served ten years or more, as physician, then specially trained by apprenticeship, under a master in special surgery for six or twelve months, thoroughly prepared and equipped to do major special surgery. Where should the operation be done? In a hospital with trained assistants, nurses, aseptic room, furniture, beds, linens and dressings, is the best and only place surgery should be done except in emergencies. Then the patient's room, bed, and furniture and linens can be transformed into an extemporaneous hospital, and the surgeon, assistant and nurse can take extemporaneous, life-saving surgery to patients, and thus save an immense number of lives.

Remember, it is the early diagnosis, early preparation of patient, early skillful surgical operation, the anesthetic best suited to patient, short anesthesia, thorough hemostasis; quick, thorough, life-saving surgery, palliative or curative, under asepsis or antisepsis, with proper protection of viscera, and a minimum of shock, and not eleventh-hour surgery, will about save all, or almost all, of the patients' lives who need surgery.

When, O when, will the medical

attendant cease to dilly-dally, tinker, and procrastinate with human life, and call the surgeon at the eleventh hour?

When, O when, will the surgical tinker and the surgical tyro see their ignorance and their lack of anatomy, surgical pathology, surgical diagnosis and treatment, and give patients a chance for their lives through first-class, respectable, skillful surgery in competent hands?

Any medical man who tinkers with and holds on to cases he can not cure or save, but could be saved and cured by competent, skillful men in the profession, proves himself both a thief and a murderer. A physician has no right to put a patient on the drug habit, eating morphine, etc.; to be cured of the disease without the drug habit ought to be the surgeon's task, yet, too often, he has both to do.

Gonorrhea a Cure for Inebriety.

A correspondent writes: One of the best cures I am acquainted with for habitual excessive indulgence in alcoholic beverages is the gonococcus. This is not a serum treatment because, for the purpose in view, the effects of the organism must wreak themselves on the urethra. I have, over and over again, failed to induce patients with this particular weakness to control their appetite for alcohol. Promises of reform were made only to be broken. Then it has happened that they contracted gonorrhea, and forthwith without any pressure, for three long months at least, they have foregone their tipples, and have recovered the strength of will which they had lost. I could point to a number of cases in which the drunkard's progress has been summarily arrested by an intercurrent attack of gonorrhea with the most satisfactory results in respect of his after life. It is open to question whether, in refractory cases, this treatment might not offer an alternative to seclusion in a home for inebriates.—*Med. Press and Circular*.

THYROID extract in mammary cancer lessens the pain and the discharge, and seemingly has an inhibitory action on malignant growth.—*Med. Summary*,

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CINCINNATI, APRIL 28, 1900.

Editorial.

AN INSTINCT.

The strongest of all the so-called instincts is self-preservation. This pertains alike to all nations, states, cities and individuals. Each involves the other, and is expressed in terms of regeneration and degeneration, which in turn command profound consideration upon the part of statesmen, scientists, sanitarians, educators and parents.

Conditions of life are constantly changing, so that appreciations of to-day become deteriorations to-morrow. To keep even and move forward requires a continuous, positive assertiveness, that develops new energies and new character. It is always easy to move in directions of least resistance. To overcome this inclination there must be evolved a restless discontent, which will be productive of good results. To be satisfied with existing conditions means immediate deterioration.

In case of the individual the home of the family deserves a first consideration. It should be built up in beauty, morality and strength. The cabin gave way to a

better domicile, the log school building to modern structure, and the village to the city. These are but evidences of regeneration from a new life with physical and mechanical forces.

Inventions of labor-saving devices make it all the more difficult to overcome inclinations to move in directions of least resistance, and all the more necessary to exercise normal functional energies. It is much easier to say yes than no, to vote aye than nay.

To inaugurate new methods and systems always meets with opposition. Some are uncertain in opinion in regard to anything untried, and are ever ready to say, let well enough alone, but letting well enough alone never took a step in advance. In medicine, twenty-five years ago it would have crystallized all medical teaching in two duplicate courses of lectures of four months each. The microbe of dissatisfaction devoured the ptomaine of inertia, and new methods gave place to a meritorious old one, and the new is better than the old. This change has not been peculiar to medicine, for the microbe became ubiquitous and penetrated the bark of every arena of study. Special studies are now carried to an extreme which has a decided tendency to a development of lopsidedness. Good, all-round men in a general knowledge of their own occupation are few in number. The trend of thought in most directions is toward single purposes, and yet there are some apparent signs of reaction. These are now like a small hand in the heavens, and very much obscured, but there has been a sowing of some seed from which there will germinate a freedom from fear and joy in developing an ideal.

The highest of all ideals is in a human development. To bring this personal ideal into a realistic life with evenly

balanced mental, moral and physical parts is a conception to be aimed at, cultured and nourished. The infant, innocent and attractive, should enter upon life in environments adapted to a rational, resourceful being. Pure air, pure food, pure water and a pure dwelling are conducive to pure morals and a pure citizenship. Foul air, adulterated food, contaminated water and unclean dwellings produces criminals, paupers, and defectives.

From infancy to childhood is but a step in years, and then the school, where so much of child life is spent in a training and preparation for the work of adult years, where an environment of buildings should be of the best possible, and the best does not mean the most luxurious in appointments. Home-like comforts and beauty should be sought, for the school is the home of the child more than one-half of its waking hours during a variable period of years. The school the home of the child! Let that be permanently fixed in the mind, and its great importance will become more thoroughly appreciated. Then, that the school is more than the home of the child, for it is the place of special training.

In the parental home life of the child nearly everything is done through an influence of an all-pervading instinct of self-preservation. Hunger and nutrition are the chief elements involved. The child manifests its presence by eating to live and living to eat. The period of growth is that of development of character, and this is made quite as much in the school as in the parental home.

In the instinct of self-preservation the city child longs for a home in the country. There is a craving for the songs of birds, for the rustle of leaves on living trees, and, above all, for a

contact with Mother Earth and inhalation of pure air. The instinct is for expansion, which is followed by regeneration. Therefore, there is a natural law of life to be gratified in a provision of country schools for city children. Children normally crave regenerative influences, which are generally sought along lines which develop the mental, moral and physical in approximate equilibrium.

A city child spending more than half of its waking hours in a country school can hardly be said to be a city boy or girl, and as he or she imbibes purity of play, food, drink and air, it would become almost impossible to have a development of criminal propensities, physical imperfections or mental weakness. The natural instinct of self-preservation would always act favorably in character and anatomical building.

In city school systems there is altogether too much training of the intellect at the expense of the physical and moral nature of the growing child. In high school and college courses the strongest are selected to do the athletic work of the institution with which they are identified. The undeveloped and feeble are given the go-by, and receive little or no attention, whereas, they are the very ones that should be encouraged to take physical exercise; the big fellows will always take care of themselves. All parents are instinctively interested in the welfare of their progeny; and of all men, physicians are the ones to give direction to the opinions of the people in school-training lines.

It is a pleasure to note the attention that is being given to the possibilities of an education of city children in country schools. This is favorable to one of the most material reforms that has been suggested from any source.

The suggestion itself is an outgrowth of observations of the possible among the general uses of rapid transit means of travel and communication. Electricity ticks the death knell of the tenement-house and city school. They will go, and in a few years be only known in history. Family segregation in country homes and country schools for all growing children will be in the new order of things. There are self-preservation instincts, and these are harbingers of a new era. They mean so much—health, happiness, pure lives, future prosperity and knowledge.

In Cincinnati one of the most beautiful treasures of the city, a park of more than forty-four acres, is found to be none too good nor an inch too large for the University buildings, and the students who matriculate in them are not one bit better or more deserving of acreage playground than the children who enter the district schools. Anything and any place is not good enough for little children. They should have a full share of the best there is to be had. That best can only be found and had right out in the open country. Every public school building should be located in a campus park, and every school child should find in it a congenial home, where a love of nature and freedom from fear would pervade every fibre of its body. In such schools it is possible to build the bodies and spirits of an invincible citizenship.

PLAGUE AND QUARANTINE:

Slowly but surely the plague is approaching Europe and North America; indeed, it has already attacked Portugal, and there is Santos on our own continent, not to mention the cases at San Francisco. Meantime, the United States Senate and lower house keep

wrangling over various sanitary measures. It is a great pity that the Caffery bill, that increased the power of the Marine Hospital Service, was not passed at the time of its introduction. The Spooner bill, which is now before the national House, should be promptly knocked in the head. A few Gulf States with incompetent officials serve as a menace to the whole country, continually allowing the introduction of epidemic diseases and then shouting loud appeals to various Northern communities for help—a beggarly lot of sanitarians of a ring-tailed political stripe who manage these State affairs. It is high time, in view of the approach of the plague to our shores, that the United States government should manage its own coast lines without regard to the theories of State right politicians, who are interested merely in the usufruct of medical positions. As this abominable Spooner bill completely ignores the right of the national government to intervene for the whole people, it should be promptly shelved.

The Mahon bill, that contemplates the creation of a National Health Bureau, under the management of the Treasury Department, while it has merits, has not the least possibility of passing this session. There is no time for hesitation at the present moment; it is the time for action, and even a temporary measure is better than the present existent state of affairs. If plague should develop to-morrow in New York or New Orleans there should be some strong hand to manage it. No stronger hand than that of the government exists, and it should at once adopt vigorous measures. The Vest bill, that increases the power of the Marine Hospital Service, should be acted on at once, and while it amends the act of 1893, it can easily be amended

again to suit all contending factions in the future.

This summer will see the further extension of the bubonic pest. Congress will have adjourned. The plague would mean more damage to the United States than forty Spanish-American wars, about which the politicians so fiercely quarrel. The new Vest bill fully covers the present emergency.

It is strange how little interest the medical profession take in these sanitary enactments. The general practitioner and even the specialist have probably never heard of, nor even looked into, any of this proposed legislation, that so largely concerns the profession and the entire public. An outbreak of plague in any large American city would not only paralyze all business interests, but create public panic all over the country. "An ounce of prevention is worth a pound of cure." This is an old but true axiom. This Vest bill is far more important to the United States than the Porto Rico tariff enactment, about which such a hullabaloo has been kicked up by tan-colored journals devoted to public lying and sensationalism.

Let the editors of medical journals throughout the country send for copies of the Caffery, Mahon and Vest bills, and give them due consideration; they merit at least a calm discussion. We have no particular love for the Marine Hospital Service; in fact, have antagonized it through articles in the LANCET-CLINIC in times past, but at the present juncture it appears to us, viewing the matter from an unbiased standpoint, that the United States Senate should promptly pass, before it adjourns, Senator Vest's bill. The country would demand it did it but fully realize the danger of the present plague outlook. The Vest bill should be passed without

any delay. If fears of the plague are unrealized the law can be amended after danger is past. Let us at least have a temporary national quarantine act.

T. C. M.

EDITORIAL NOTES.

DR. F. W. LANGDON has been invited to deliver the inaugural address before the Brooklyn Society for Neurology, on the occasion of the opening of its new building, April 28. His subject will be "Some Problems Concerning Nervous Diseases."

THE Ohio State Medical Society will meet in Columbus, May 9-16. The Big Four Railroad directs attention to their rate of a fare and a third on the certificate plan, and that they run five trains a day each way. This is always a popular road with physicians.

THE Western Ophthalmologic and Oto-Laryngologic Association will hold its next meeting in Cincinnati, April 11 and 12, 1901. Dr. W. L. Ballenger, of Chicago, is the Secretary, and Dr. M. A. Goldstein, of St. Louis, President.

A NEW medical society has been formed under the name of the New York Genito-Urinary Society, the office bearers being: President, Dr. Ramon Guiteras, Professor of Genito-Urinary Diseases in the New York Post-Graduate School and Hospital; First Vice-President, Dr. Winfield Ayres, Bellevue Hospital; Second Vice-President, Dr. Otis K. Newell, formerly of the Harvard Medical School, now of New York; Treasurer, Dr. George W. Blanchard; Secretary, Dr. A. D. Mabie; Corresponding Secretary and Stenographer, Mr. Samuel Bennett, 161 Garfield Place, Brooklyn, who will furnish information to those desiring it as to

terms of membership, etc. The membership will be confined to medical men engaged in active clinical work in connection with the specialty, and cases will be reported and papers read at the meetings, which are to be held monthly. Correspondence is invited with specialists in other parts of the country and abroad.

HEALTH REPORTS.—The following cases of smallpox, yellow fever, cholera and plague have been reported to the Surgeon-General, U. S. Marine Hospital Service, during the week ending April 20, 1900:

SMALLPOX—UNITED STATES.

	Cases.	Deaths.
Mobile, April 7-14.....	1	...
Washington, April 7-14.....	1	...
Jacksonville, April 7-14.....	1	...
Chicago, April 7-14.....	1	...
Evansville, April 7-14.....	4	...
Wichita, April 1-14.....	19	...
Covington, April 7-14.....	9	...
Lexington, April 7-14.....	3	...
New Orleans, April 7-14.....	51	19
Portland, Me., April 7-14.....	1	...
Baltimore, April 7-14.....	1	...
Detroit, April 7-14.....	1	...
Minneapolis, April 1-14.....	20	...
Omaha, April 7-14.....	4	...
New York, April 7-14.....	1	1
Cleveland, April 7-14.....	11	2
Greenville, S. C., April 7-14.....	2	...
Salt Lake City, April 1-14.....	3	...
Portsmouth, Va., April 7-14.....	1	...
Spokane, April 7-14.....	3	...

SMALLPOX—FOREIGN.

Prague, March 17-24.....	4	...
Antwerp, March 24-31.....	2	2
Ghent, March 24-31.....	...	2
Rio de Janeiro, Feb. 23-Mar. 2..	...	15
Barranquilla, March 24-31.....	5	5
Cairo, March 11-18.....	8	...
Liverpool, March 24-31.....	21	1
London, March 17-31.....	8	1
Gibraltar, March 26-April 1.....	3	1
Athens, March 24-31.....	10	6
Bombay, March 6-13.....	...	222
Kurrachee, March 4-11.....	17	6
Palermo, March 17-24.....	...	1
City of Mexico, Mar. 18-Apr. 1	40	22
Vera Cruz, April 1-7.....	...	3
Moscow, March 10-17.....	9	2
Riga, January 1-31.....	...	38
St. Petersburg, March 3-10.....	20	8
Warsaw, March 10-17.....	...	1
Corunna, March 24-31.....	...	1
Madrid, March 16-24.....	...	6
Valencia, March 24-31.....	3	3
Singapore, Feb. 10-Mar. 3.....	...	14

YELLOW FEVER.

Rio de Janeiro, Feb. 23-Mar. 2 ...	18
Barranquilla, March 24-31.....	1
Panama, March 27-April 10.....	3
Havana, March 1-31.....	4
" April 1-7.....	2

CHOLERA.

Bombay, March 6-13.....	10	...
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PLAGUE—INSULAR.

Manila, February 24-March 3....	...	7
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PLAGUE—FOREIGN.

Bombay, March 6-13.....	...	736
Kurrachee, March 4-11.....	90	63
Formosa, Tamsui, January 1-31	53	43
" " Feb. 1-28.....	46	39
Osaka, April 16.....	Present.	
Asuncion, February 8-15.....	...	6
Djiranro, March 29.....	Present.	

JOS. WESLEY MALONE, M.D., Blythedale, Pa., says: "I am so well pleased with Celerina that I can not refrain from citing several cases of interest. I used it in a case of chorea. The patient was a little girl, ten years old, suffering from an acute attack. The usual remedies, phosphorus, arsenic, etc., had been used and had no great effect. I advised the attending physician, an old practitioner, and a good one too, to try Celerina. He did not take much to the idea, but after urging him he consented, and the first dose gave relief. From that time, the child got better, and in about four weeks was cured. I have prescribed it in nervous prostration, and have yet to find it to fail. It is pleasant to take, and produces no nauseating effects. I frequently prescribe it with Aletris Cordial, and it also goes well with Peacock's Bromides."

VAGINAL DOUCHING.—In Gould's Year Book of Medicine and Surgery for 1900, Byron Robinson, M.D., of Chicago, Ill., in advocating the use of vaginal douching, says that when properly used it is capable of doing a vast amount of good, but much depends upon the amount of the fluid, the degree of heat, etc. He advises a fountain syringe with a four-foot lead and holding at least four gallons and at a temperature of 103 degrees Fahrenheit, increased until as hot as can be borne. Begin with three quarts and increase one pint a day until four gallons are taken. He also advises that some astringent preparation be used to check the waste of secretions. For this purpose Micajah's Medicated Uterine Wafers are especially useful. They are astringent in action, thus contracting the tissues and vessels, and they check the waste of secretions. They are antiseptic, and should always be used in connection with the vaginal douche for the above reasons.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Doctors, Keep Away from Victoria, B.C.—Trouble On.

Word has reached us from the far West, from the province erstwhile designated "A Sea of Mountains," that our brother practitioners in the thriving city of Victoria have organized a local medical society having as a chief plank in their platform that members shall abstain on and after January 1, 1900, from all participation in lodge practice. Following fast upon this declaration of professional independence comes the news that a mass meeting of the members of the leading benevolent and friendly societies doing business in that city has been held, at which a most emphatic series of resolutions have been adopted; and the fraternal hand has been uplifted in holy horror at the doctors' procedure. The following is a copy of the resolutions:

WHEREAS, the Medical Society of Victoria has notified the benevolent and friendly societies, that commencing January 1, 1900, no society work will be undertaken by their members; and

WHEREAS, the prosecution of such attendance upon the sick is one of the principal objects of benevolent and friendly societies; and

WHEREAS, cession of such benefits of members of friendly societies is calculated to work injuriously to such objects, and is detrimental to the welfare of the members; be it

Resolved, That this meeting condemns the action of the Medical Association of Victoria in withdrawing such services without proper notice to such societies; and further be it

Resolved, That this meeting is of the unanimous opinion that immediate steps should be taken to again secure proper medical and surgical aid to the members of benevolent and friendly societies; and further be it

Resolved, That committees be formed for the purpose of giving immediate effect to the action above outlined.

It was decided that the following advertisement be inserted in the provincial papers:

"Application for physician. Two or more qualified physicians are required by the combined fraternal and benevolent societies of Victoria, B.C. Full information will be given by the undersigned, to whom appli-

cations must be forwarded on or before the 24th day of January, 1900."

Is the fight on? Will the doctors of Victoria have the courage and manliness of their convictions to withstand this onslaught upon their rights and privileges? And so one of the principal objects for which fraternal societies were inaugurated was to debauch and prostitute a noble profession and honorable men who have done more good in one short year for the cause of humanity and true charity than all the fraternal and benevolent societies—and their name is legion—on the proximal side of that dark abyss toward which we never wish to "trek." If our brother physicians in the city of the Pacific province stand true to their guns in this revolt against this infernal lodge practice, they will kindle on those mountainous heights a beacon-light which shall despoil fraternal societies of the superstition that it is the heaven-born destiny of doctors of medicine to be the cat's-paw of the exploiters of fraternalism. It is pretty near time that the officers of these flouted fraternal organizations were given to understand that the doctor is first of all a man, and that he is not the serf of shameless secret societies, to be bought and sold as goods and chattels or as the negro slaves of the Southern States were before a bloody war bought their freedom.—*Dominion Med. Monthly*.

The Treatment of Coccygodynia by Massage.

The comparative frequency of harassing tenderness in and about the coccyx, often so pronounced as to interfere with the ordinary pursuits of life and seriously influence general health, and the refractory nature of the affection to methods other than excision of the coccyx, would naturally direct attention to any more conservative method of treatment. Hence Rose's communication to the effect that he has cured three obstinate cases of this affection by massage is of great practical importance. It is noteworthy that in all his cases neither the coccyx nor its articulation was sensitive to pressure, but higher up

in the rectum there could be found a spot which was distinctly localized. The patients all suffered severe pain while sitting down. One was quite unable to assume this posture, and in all the suffering had lasted for several years. It was also noteworthy that the pains were at first periodical, but later became continuous, and that in all the cases the sensitive spot seemed to be swollen. The massage was at first given daily, and as improvement set in the interval was lengthened. The treatment was supplemented by irrigations, and was continued for several months.

With increased skill in diagnosis and greater care in making examinations, a great number of affections formerly loosely classed as coccygodynia have been found to be due to lesions of neighboring parts, such for example as sacroiliac disease, hemorrhoids, rectal ulcers, and fissures, uterine displacements, neuralgias, and muscular rheumatism. It follows that the operation of removing the coccyx, at one time popular and much practiced, is now comparatively rare. There remain, however, a certain number of rebellious cases in which constitutional treatment, counter-irritation, and the correction of pelvic displacement or inflammations are unavailing in relieving pain, and in which the seat of tenderness is either in the coccyx at its articulation or placed near it, as in Rose's cases. Under such circumstances Rose's procedure should at least be tried before a final resort to operation, which in the hysterical is not always successful. — *Therapeutic Gazette*.

Amenorrhœa.

Dr. William Murrell (*Med. Press and Circular*, December 20) states his experience with the preparations of manganese. One patient seven years ago began to lose flesh and become pale. She generally improved on iron pills, but had three or four attacks of anemia each year. When admitted to the hospital there was neither constipation nor leucorrhœa. The blood was examined by Dr. Lazarus Barlow, who found it of fair color, but thinner than normal. The red corpuscles were 4,520,000 per

mm., normal in shape and appearance, but pale. The white corpuscles were 7,500 per mm., chiefly oxyphile, polynuclear cells and lymphocytes. There was, therefore, no oligocythemia, and the condition was one of oligochromemia. Was retained in the hospital for two weeks under rest and good diet, without improvement. She usually went three to five months without menstruating. She was placed on citrate of manganese in 5 gr. doses three times a day. Prior to treatment she had not menstruated for seven months, nor done work for about eighteen months. She menstruated in two weeks after the use of the medicine. In another case red corpuscles were 3,800,000; white, 3,000. She was ordered manganese citrate, gr. v, to be increased. She rapidly improved. — *Canadian Practitioner*.

Blood Pressure of the Insane.

Pilcy, at the Gesellschaft der Aertze, gave a history of his experiments on the blood pressure of the insane. His experiments were conducted with Gärtner's tonometer. At the commencement of progressive paralysis the blood pressure is normal, though at the lowest limit, but as the disease progresses the pressure gradually sinks till approaching the end, when it suddenly falls to a very low point. This observation can be practically utilized in the prognosis of a case; if the blood pressure is high, notwithstanding the gravity of other circumstances, it may safely be prognosticated that the lethal point is not at hand. Pilcy related several exceptions to this rule where the patient suffered from morbus Brightii, and a depressed melancholy form of the paralysis. The modifying influence of the phrenic keeps the pressure at the normal limit during the moderate progress or incipient stage of the disease, but rapidly sinks during the period of excitation.

In the circular form of insanity during the maniacal stage, the pressure is also reduced, and in melancholia may vary between 60 and 170 millimetres of mercury. In epilepsy, during the spasm, the highest register is 120 to

150, which will sink in two or three minutes to the normal point; the pressure is thirty to thirty-five lower during sleep than in waking hours.

Federn remarked that the fall of blood pressure before death was not confined to this disease alone, as it only pointed to a loss of sensation in the vasomotor centres. As a high blood pressure causes constriction and distress about the chest, it is probably the melancholia that is the primary cause.

A contracted condition of the bowels does not play an unimportant part in the disease, as opium acts like magic in relieving this agonizing depression.

Jauregg said he could never associate increased blood pressure with any condition of the bowel. It is more probable that the increased pressure is a secondary expression, while the primary is psychical.

Bash was inclined to agree with Federn. The increased pressure may arise from a variety of causes, and possibly causes outside the psychical sphere may act on that centre, which would raise the pressure, which ultimately may be the primary cause, thus producing a sort of circulus vitiosus in the origin of the disease.—*Vienna Cor. Med. Press and Circular.*

Treatment of Dysentery With Permanganate of Potassium.

The *Journal de Médecine de Paris* of November 19, 1899, states that Gastinel has obtained excellent results from the rectal injection of permanganate of potassium in dysentery. He employs the drug in the strength of eight grains to the quart. Half of this quantity is given at a dose, and is allowed to remain in the bowel from half a minute to two minutes. The water is either cold or warm, according to the needs of the case. For the removal of large quantities of mucus in the bowel he employs an injection of a pint of water in which is dissolved thirty grains of bicarbonate of sodium. This is followed by a permanganate injection, and after this has been given the patient is made to lie down and rest for at least half an hour in order to secure

immobilization of the intestine. It is claimed that by this treatment the pain and restlessness are diminished. In many cases it is only necessary to inject one or two ounces of fluid. Often it is wise to give a small dose of calomel for a time to increase the hepatic activity. When children receive this treatment, one or two grains of permanganate to the quart of water is sufficient.—*Therapeutic Gazette.*

The Plaintive Patient and the Pretty Nurse.

"Abandon love, all ye who enter here," should apparently be written over the entrance of some infirmaries, if we may judge from the plaintive wail of a writer in the *New Orleans Times-Democrat*:

"Professional nurses have no business being so confoundly good-looking," said a young man who has recently spent several weeks in a local infirmary. "The nurse who was delegated to attend to me while I was laid up was a distractingly young girl, with a pure Greek profile, reddish brown hair—the kind that seems full of little golden tendrils in the sunlight—and eyes as liquid as a fawn's. The first time she put her finger on my wrist my pulse ran up to at least 175, and she took it for granted I had a high fever, and dosed me accordingly. I tried repeatedly to lure her into conversation, but she wouldn't be lured. She was strictly business. When I started to pay her compliments she would ask me to put out my tongue, which was an unsurmountable obstacle in conversation. I used to lie there with my tongue hanging out, trying to put my whole soul into my eyes, but it was no go. No man can look romantic with half a foot of furry red tongue protruding from his countenance.

"Another way she had of gagging me was by putting the thermometer in my mouth. The last week I was there I proposed to her five times, or, rather, I tried to, but she invariably choked off my declarations by thrusting a thermometer into my mouth. I got so excited one time that I came near swallowing a thermometer worth several

dollars. She was a most excellent young woman, and had lots of sound common sense, as was evidenced by the fact that she gave me no encouragement whatever."—*N. Y. Med. Journal*.

Immunity Against Scarlet Fever.

It is asserted that the Japanese enjoy a racial immunity against scarlet fever, and an American physician has even proposed to inoculate Anglo-Saxon children with the blood of Japanese infants as a means of securing protection against infection.

This curious immunity, however, is not peculiar to the Japanese, for scarlet fever is reputed to be very rare in the western provinces of China, in Cochin China, Annam, and Tonkin. It shows, moreover, little tendency to spread in South America, in Honduras, and in Jamaica. Whether this exemption is due to racial idiosyncrasy or to the climate being unfavorable to the specific organism is a moot question, but circumstances appear to point to race as the predominating influence. In India, where scarlet fever is also comparatively rare, the other exanthemata afflict the natives just as much as the white population. According to *La Médecine Moderne* there have only been twenty cases of the disease in twenty years among the native troops numbering 235,000, while, during the same period, the European troops had sixty-two cases with two deaths. Even in France this disease is not as grave, nor does it occur so frequently in epidemic form, as in Great Britain.—*Med. Press and Circular*.

The Antiquity of Modern Science.

From time to time glimpses come to sight of the light that really existed, far beyond what is commonly supposed, in the esoteric knowledge of the ancient world. Much of the teaching of the earlier books of the Old Testament is now seen to be in accord with some of the most advanced sanitary science. Prof. Nuphtuli Herz Imber, in the *Denver Med. Times* for April, gives an insight into the medical teachings of the Talmud, from which we gather that most

ailments were even in those days supposed to be due to little dangerous organisms, termed "shedins" (destroyers), too small to be seen by the eye. These organisms were inhabitants of air, water, animals, and decomposed wood. Hogs and certain fishes were the creatures most infested by them. Leprosy was due to the presence of such organisms beneath the skin, and its origin was attributed either to eating certain fish or to wearing untanned hides. The ordinances which forbade spitting in the streets of Jerusalem, allotted four cubits of space to each dweller in a room, and prescribed the investigation of the lungs and livers of slaughtered animals, seem to indicate quite an up-to-date board of health some two thousand years ago, while the Talmudic admonition concerning flies as transmitters of disease, if better known, might have caused more respectful attention to be paid to the warning of the surgeon-general in respect of flies and typhoid in our late campaign. *E pur si muove*, but always in an orbit.—*N. Y. Med. Journal*.

Etiology of Tumors.

Hr. Schüller, at the Free Society of Surgeons, made a contribution to the etiology of tumors. Five months ago, from a giant-celled sarcoma, he had obtained a cultivation of a formation that he had since met with in other sarcomata, and also in a number of carcino-mata of various organs, and which he associated with the etiology of tumors. They were vesicular, yellow or brownish bodies, strongly refracting light, of roundish or oval or irregular shape, with a firm covering, glistening white in appearance, showing circular lamination and radial markings. They were about four or five times the size of a red blood corpuscle. They were colored slightly in weak solution of hematoxylin and alum carmine. Beside these larger bodies there were also similar smaller ones, possibly early forms.

The bodies were obtained best when hardened pieces of tumor were teased out in alcohol. They then lay mostly between the cells, sometimes in rows,

but generally solitary. In fresh preparations they showed changes of form, but no change of place. Animal experiments had, so far, led to nothing.

The speaker had also obtained forms from various syphilitic new growths, primary as well as gummata, which he considered of etiological importance.—*Berlin Cor. Med. Press and Circular*.

Amount of Sleep Required.

A healthy infant sleeps most of the time during the first few weeks, says the *N. Y. State Med. Journal*, and in the early years people are disposed to let children sleep as they will. But when six or seven years old, when school begins, this sensible policy comes to an end, and sleep is put off persistently through all the years up to manhood and womanhood. At the age of ten or eleven the child is allowed to sleep only eight or nine hours, when the parents should insist on its having what it absolutely needs, which is ten or eleven hours at least. Up to twenty a youth needs nine hours' sleep, and an adult eight. Insufficient sleep is one of the crying evils of the day. The want of proper rest and normal conditions of the nervous system, and especially the brain, produces a lamentable condition, deterioration in both body and mind, and exhaustion; excitability and intellectual disorders are gradually taking the place of the love of work, general well-being, and the spirit of initiative.—*Dietetic and Hygienic Gazette*.

The Nature of Neurasthenia: A Study of the Recent Literature.

Rosalie M. Ladova concludes from her researches on this subject that nerve exhaustion, fatigue, primarily a simple detention of reflex tonus, becomes only secondarily a chemical phenomenon—defective nutrition. Any purely mechanical stimulation of any of the peripheral nerves determines first increased tension of the general tone, an increase in energy, heightened intensity in the activity of all the organs, and later on augmentation in the combustion process. The nature of fatigue is pri-

marily dynamic, and the primary source of vital energy is not in the nutrition, but in the centripetal nerve irritability.—*N. Y. Med. Record*.

Kentucky Politics.

Dr. I. N. Love, of the *Medical Mirror*, says:

What is the matter with Kentucky and Kentucky politics? The answer is clear—Whiskey; the omnipresent everready pistol, and the gambling instinct run wild. The time has now arrived when the best people of Kentucky without regard to party must take things in hand and crystallize public sentiment in such a manner as to make it outside the realm of decency for any man to carry a pistol at any time. A man with a pistol on his person and a few drinks inside of his person is an element of danger in any community.

Very few people outside of the State understand Kentucky, but I venture the view that no Kentuckian is competent to fully grasp the awfulness of the situation in the State until he has lived outside of the State line long enough to be a dispassionate "looker on in Vienna." I notice that mass meetings of women are now being held in the State, calling for rigid laws and their enforcement against the pistol and the shot-gun and this will soon settle it, for the Kentuckian's native gallantry will prompt a prompt acquiescence to lovely woman. Any one who understands the question knows that the lawless and reckless are enormously in the minority in Kentucky (and that the majority are the dearest, best people in the world), but all must admit that the time has come when this minority must be controlled, suppressed, or Kentucky is doomed, and "The Kentuckian's Woes" as presented below by a modern Psalmist, will be accepted universally as correct:

Man born in the wilds of Kentucky,
is of few days and of easy virtue.

He fisheth, fiddleth, fuseth and
fighteth, all the days of his life.

He shunneth water as a mad dog,
and drinketh much Whiskey.

When he desires to raise Hell, he planteth a neighbor, and lo, he reapeth Twenty-fold.

He raiseth even from the cradle to seek the scalp of his Grand-Sire's enemy, and bringeth home in his carcass the ammunition of his neighbor's father-in-law, who avenged the deed.

Yea, verily, his life is uncertain, and he knoweth not the hour when he may be jarred hence.

He goeth forth on a journey "Half Shot" and returns on a shutter SHOT.

He raiseth in the night to let the cat out, and it taketh nine Doctors three days to pick the buck shot from his person.

He goeth forth in joy and gladness, and cometh back in scraps and fragments.

He calleth his fellow-man a liar, and getteth himself filled with scrap iron, even to the fourth generation.

A CYCLONE bloweth him into the bosom of his neighbor's wife, and his neighbor's wife's husband bloweth him into the bosom of father Abraham before he hath time to explain.

He emptyeth a demajohn into himself and a shot-gun into his enemy, and his enemy's son lieth in wait on election-day, and lo, the Coroner ploweth up a forty acre field to bury the remains of that man.

WOE, WOE, is KENTUCKY, for her eyes are red with bad WHISKEY, and her soil is stained with the blood of DEMAJOHNS.

Adulterations and Sophistications.

We have adulteration and sophistication laws in most States, which, as far as we have seen, are mainly enforced against one class of men, viz., men who make and handle medicines. As regards the enforcement of this law in this direction we have no word of protest. Let every man who labels a medicine be made to give exactly what the label calls for. And yet, we believe that no druggist is as barefaced a sophistication as the "honest" farmer who faces and stove-pipes our apples, and raises the bottoms of the "quart" strawberry boxes. Go to any

of our commission merchants, see how willingly they open either end of the apple barrel, how gladly they seize a hatchet and cut and slash the sides to show how true the fruit is to name and quality, from top to bottom of the barrel.

What confidence! But alas, when we open the barrel in our cellar we find that a skin of nice apples surrounds a core of inferior fruit, and we wonder how this core of iniquity gets into its place.

Imagine yourself in the orchard where the fruit grows. Imagine first a barrel covered on the bottom with two layers of select apples. Imagine a large stove-pipe, larger than you ever saw used on a stove, inserted into that barrel. Imagine next a layer of nice apples poured in to fill the space between the barrel and the pipe, and then imagine that from a pile of inferior fruit the large pipe is filled; then that the pipe is withdrawn and over the top a couple of layers of nice apples are spread and the barrel-head inserted, and you can next foresee how with confidence the seller can use the hatchet on any part of the barrel and can remove both heads in his skin game.

This rank sophistication is deception and such as no sophisticating druggist would attempt to practice. Whoever heard of a bottle of iodide of potassium being "skinned?" Who ever saw a druggist "stove-pipe" his pepsin? Who ever heard of a druggist raising the bottom of a box of pills so that one thousand counts only six hundred?

But what is the result of this sophistication in which our fruit men engage. It is destruction to their good name and injury to their financial interests. Men who would buy apples could they get what they want, purchase oranges and bananas that are boxed fairly and sold squarely. The price of the good fruit is lowered by reason of the bad company it is in. The credit of the American apple raiser is being ruined at home and abroad. He is a fit subject for the officer whose duty it is to enforce the adulteration and sophistication laws of this land. He practices a fraud when he exposes one quality of fruit

and sells another as much as does the opium raiser who imbeds bullets in his opium, which dishonest practice is now practically stopped by our Government inspectors.

Let our pure food officers turn their attention to some of these palpable frauds that stare not only American citizens but American honor in the face, and stop them. Let them fine these mixers and skimmers of fruit as they do mixers and skimmers of drugs and spices. The same law applies in both cases. It is fraud and deception in each. In this connection the following will demonstrate that this subject is becoming of great importance:

"NEW YORK, February 9. — Addressing the Eastern New York Horticultural Society in this city, A. S. Baker, managing director of the Southampton Cold Storage Company, which has one of the largest cold stores in the world, said that the Americans received the lowest prices for their products of any people in the world. Tasmanian shippers sent apples to England in fifty-six pound boxes, packed so that the air could circulate freely, and received often fifteen shillings for a box that held only a third of a barrel, while the American apples fetched only from eleven to fifteen shillings for a whole barrel. Some American farmers were in the habit of putting one or two layers of good apples at the ends of barrels. The result was that they were wasted, as the contents were poured out on a floor, and the bidder paid only the price of the 'culls' inside. It was similar with butter. Australian butter sold for one hundred and twelve shillings a hundred weight, but American butter never got above ninety-five shillings."

Let this fraud be stopped, not by waiting for it to be exposed in Europe, but by prevention in America. The artful East Indian who weights his opium, the sharper who "salts" his gold mine, the druggist who mixes oxalic acid with strychnine, the sleek individual who encases his lead brick with gold and the barreler of stove-piped apples practice a fraud on the people, and none should be excused if the others suffer.—J. U. LLOYD, in *Eclectic Med. Journal*.

Kentucky State Medical Society.

The following letter from the Chairman of the Committee of Arrangements tells us what will be in store for

us at Georgetown on the 9th, 10th and 11th of May. It is to be hoped that every doctor in the State will attend the meeting and do homage to the distinguished founder of the Kentucky State Medical Society. It is the earnest wish of the editors of the *American Practitioner and News* that every doctor in the State shall be a member of the State Medical Society. It is a matter of trifling expense, and membership in the State Society certainly adds to a doctor's prestige:

My Dear Doctor:

Samuel D. Gross, "Nestor of American surgery," said the Kentucky State Medical Society had its origin in a meeting held in Frankfort, Kentucky, at the instance of Dr. William L. Sutton, of Georgetown. Sixty years have passed, and Dr. Sutton sleeps his last sleep in the cemetery which overlooks the little city where he spent his life. The Kentucky State Medical Society has passed from infancy to mature manhood, and with stalwart stride moves forward the child of destiny.

It is appropriate that in this the closing year of the century this Society should gather at the old home of Dr. Sutton to do homage to the memory of this sturdy man and worthy physician, to whom more than any other it owes its existence. It is the earnest desire of the Committee of Arrangements, and also the members of the profession of Scott County, that the meeting which shall occur in Georgetown on the 9th, 10th and 11th days of May shall be one of the most successful in the history of the Society. The committee are already at work arranging plans and making ready for the coming of our distinguished visitors. In the work of entertaining the Society the committee will have the fullest co-operation of our hospitable people.

Every physician in Kentucky is cordially invited to meet with us upon this occasion. Come from the Purchase, from the Pennyroyal, from the Beargrass, from the Bluegrass, from the mountains, from the rivers to the ends of the earth, and we will show you true Kentucky hospitality.

Georgetown is situated in the very heart of the far-famed Bluegrass region of Kentucky, in the unrivaled valley of the Elkhorn, and is easily accessible by daily trains over the Cincinnati Southern and the Louisville Southern, via Versailles, and the Kentucky Midland, which runs from Frankfort to Paris, through Georgetown. Effort will be made to secure reduced rates over all the railroads in Kentucky, and due notice will be given. The hotels and boarding-houses in Georgetown are equal to those of any city of like size in the State, and will furnish accommodations at reduced and reasonable rates. But after all the real success of the meeting will depend upon the value of the programme. The mem-

bers of the Society alone must be responsible for this. If each member will perform his full duty, there can be no failure.

Dr. Steele Bailey, Secretary of the Society, Stanford, Kentucky, is now ready and anxious to receive titles to papers and assign them places on the programme. Let there be no delay in attending to this matter.

And last but not least, the social features of the occasion will not be overlooked, but will receive due attention. Come early, and stay through the entire meeting.

If it is your purpose to be present at the meeting, will you please kindly drop me a postal to that effect?

Fraternally,

JOHN A. LEWIS,

Chairman Committee of Arrangements.

—*American Practitioner and News.*

Vision and Hearing Test in the Public Schools.

The *Cleveland Medical Gazette* contains a description of the methods employed in the public schools of the city of Cleveland for testing the eyes and ears of the children by the teachers. Some time since the teachers were instructed to especially observe children whose sight or hearing was defective. This led to the discovery of so many cases having obvious defects that it was determined to extend the examination under the supervision of the teachers to all children. This has revealed many cases of imperfect vision, particularly those cases where it was confined to one eye. Thus, in nearly 12 per cent. of the children in one building one eye was found emmetropic, while in the other vision was impaired from $\frac{20}{20}$ to $\frac{20}{50}$. In scarcely any of these cases did the children or their parents realize that anything was wrong. These tests have been found to bring the teacher in closer contact with the children, and in many cases have revealed that what was formerly attributed to laziness and stupidity has been due to an inability to hear or see the explanations of the teacher.

In testing, Snellen's type was used. When the test is made other pupils are not present. The scholar is placed at a distance of twenty feet from the test letters. The left eye is then covered with an opaque object not pressing on the eyeball. The pupil is then instructed

to begin reading the largest letters, and his power of vision is thus ascertained. The teacher is especially requested to observe in those who have normal visual acuity if the eyes tire easily and are red after work; if they itch and burn and sometimes water; if they ache after work, or if headache is present.

In testing the hearing power, that which is described as Gale's test is used. The pupil is placed in front of the blackboard, and the teacher stands behind him and speaks in the ordinary tone used in teaching. Numbers are pronounced, and the pupil is requested to write them upon the board. If the pupil does not hear well, the teacher advances toward him, dictating the numbers until that point is reached at which the pupil hears. This determines the distance from the teacher's desk at which the pupil should sit in the room.

This work in the Cleveland schools marks a distinct advance in the study of the capacities of children in our public schools. Heretofore the expense of professional testing has been considerable, and one which school boards have been loath to assume. We believe, however, that at certain periods all pupils should be examined by a physician, but until this time is reached the method of having the teachers test the eyes and ears is such an important advance that it is worthy of recognition and putting into practice.

Public School Luncheons.

Luncheons were inaugurated in the public schools of Boston five years ago, and their practicability has long become established. During the last year one school in Boston and two in Cambridge have been added, making in all thirteen schools which are now taken care of by the New England kitchen management. Various cities outside of Massachusetts have copied for their schools the idea and methods which have been applied in this city by Mrs. Ellen H. Richards, an instructor in the Massachusetts Institute of Technology. The luncheons are served only in the high, Latin and normal schools, as the pupils have but one session, while in the lower grades there are two sessions and the children have

about two hours at noon in which to go to their homes.

At present the luncheons are served in the basements of the schools, and where there is poor light and inadequate facilities for their proper handling, but this difficulty will be eliminated in the new buildings which are being constructed with provision for a special room as a part of the equipment. The food is sold in combinations for five cents each, and unless a scholar is very hungry the expenditure of ten cents supplies a fairly substantial meal. It is the constant aim of the management to increase the varieties of food in these combinations, at the same time having it wholesome. At the Manual Training School in Cambridge the management has recently started to serve twenty-five-cent dinners, and the plan has worked with the greatest of success. Where the pupils perform such hard manual labor there is an urgent need for the full-course meal, and it would be furnished at the Mechanic Arts High School but for the reason that there is a lack of proper facilities for keeping the food warm and properly serving it.

Careful planning has to be done on the part of the superintendent to have the food on hand and in proper condition. Only the very best articles are used in the cooking, and the milk comes from a regularly inspected farm or is pasteurized. The bill of fare for one day includes oyster broth, milk, cocoa, three kinds of sandwiches, graham, white and coffee rolls, corn cake, custard, baked apples, cookies and fruit. There is a change from this almost entirely for the other days of the week. Until last year the management called outside bakers to supply a part of the food, but now everything sent to the schools is strictly home-made and cooked under the supervision of those in charge of the work at the kitchen.

When the plan was first considered it was necessary to have the members of the School Board see the practicability of the idea, and the funds for the experiment were supplied by Mrs. William Kellen. It is now self-supporting. If there is not enough food sold at some of the smaller schools to pay the ex-

penses of the serving, the deficiency is met by the larger schools, where more than one hundred pupils are served. Reports are received by the superintendent each day from those in charge at the schools in the vicinity of the headquarters and suggestions are exchanged for the betterment of the service. Schools at a distance send their reports in once a week.—*Sanitarian*.

The Psychology of Courage.

Courage is not so much an absolute as a relative quality, and as it is made up of several physical factors it necessarily varies greatly according to circumstances. It is well known that the condition of the stomach, whether full or empty, has a great influence on the psychical condition of the individual in this respect, but *ceteris paribus* the excitability of the vaso-motor system appears to be the prime factor in bringing about the state of mind which we call courage. If the reaction to stimulus be prompt and sustained the central nervous system receives an adequate supply of blood to enable it to cope with the emergency, and an acceleration of the heart beat is therefore the first indication of such reaction. Failing this enhanced circulation the feeling of inadequacy is translated by mental distress, palpitation, trembling of the limbs, and, in severe cases, relaxation of the sphincters. In the average individual it takes a variable time for equilibrium to be re-established after receipt of the initial stimulus, and until it has come about no decided action can be taken. The courage which comes gradually in the course of a few seconds or minutes is often more enduring and trustworthy than the *elan* which subsides as the magnitude of the danger dawns upon the consciousness. Curiously enough courage is not incompatible with a certain, and even marked, degree of nervousness or, shall we say, apprehension. No man in presence of imminent and obvious danger, unless he possesses the power of temporarily inhibiting thought altogether, can help experiencing apprehension, but if his vaso-motor system is in good trim he may still command suffi-

cient will power to constrain the recalcitrant flesh to do that which it instinctively abhors. The highest form of courage after all is that called for on the part of commanding officers under the influence of some unforeseen catastrophe. Under these trying circumstances temporary mental paralysis may ensue, and this is the simple explanation of many a military failure, more or less catastrophic.—*Med. Press and Circular*.

Unhappy Marriages.

The statement recently made by Professor Sumner to a class of two-hundred senior students in Yale College that 90 per cent. of the marriages of the present time turn out unhappy is an illustration of what nonsense brainy men will sometimes utter. If the question was asked how many couples would probably separate during the first two years of wedded life if neither law nor public opinion discountenanced it, we should say possibly 90 per cent. After the first few weeks of honeymoon come the clash of ideas, the sharp corners of individual character, the smoothing down of which often arouses feelings anything but saintly. This getting thoroughly acquainted with each other often takes one or two years, during that time there may be an occasional tiff more or less bitter when to each a separation would seem most desirable; but sooner or later there is a better understanding, a closer union, and the erection of a family altar sacred to both, the blending of family ties into a unit in mutual respect and affection. The only separation looked forward to and that with a shiver of fear, is death. Each has learned that absolute perfection does not exist, and in the closer relations of married life have found in its harmony a rest and a haven from the trouble and the bitterness which so often form a part of our intercourse with the outside world. In the more than fifty years of mingling with the family circle, as physician and friend, with all grades of domestic life, we can safely say that 90 per cent. would testify that there had been more of happiness than unhappiness in the domestic circle, and that

married life, in their case, notwithstanding occasional drawbacks, had been to them a blessing for which they were thankful. In doing away with the evils of married life we need less law and more of that domestic training in the home circle based upon love and justice.—*N. Y. Med. Times*.

Recovery from the Imbecility of Epilepsy.

At the Free Society of Surgeons Hr. Rose read a paper on this subject.

After a short retrospect on the changes that had taken place in the indications for trephining during the century, he showed a boy who had developed normally up to his fourth year, and who, in September, 1898, ran with his head against the corner of a door. The boy's mother suffered from epilepsy. A superficial wound was caused by the blow; but this healed up, and nothing more was thought about it. A fortnight later fits came on, which became frequent. At the same time the child's manner completely changed. He became apathetic, restless and stupid. When admitted into the Bethanian Hospital he lay in bed with his hips drawn up. He constantly dirtied and messed himself, spoke not a word, and ate and drank greedily, and had frequent fits. After passing through an attack of measles it was decided in December, 1898, to trephine, under the assumption that the speech centre was affected by the injury to the head. A skin-periosteum and bone flap was raised from the forehead. The dura appeared normal, and also the underlying brain when this was cut through. Puncture of the brain with an aspirating needle gave no result. The flap was replaced, but in one corner a small opening remained. The child's condition was not much changed by the operation, which was well borne; the mental condition was unchanged at first, and soon fits occurred. As soon as it was sent home, however, the condition improved considerably, the condition before the accident returned, and since April, 1899, he had had no more fits.

The speaker attributed the recovery to the relief of pressure by the opening

left in the bony skull, and considered the case to be one of aphasia associated with the imbecility of epilepsy.

Hr. Rose then showed a man who had been crushed in a railway accident. He had been crushed between a locomotive and an ash-box. Several ribs had been fractured, also a clavicle and the right arm. When admitted into hospital there was pneumohemothorax on the left side, hemato-pericardium, and in the abdomen an air bladder covering the liver. Then vomiting came on, tenderness over the whole body, symptoms which gradually subsided. The blood in the pleural cavity gradually became decomposed, and in a few weeks later 2,500 grammes were removed by aspiration. — *Berlin Cor. Med. Press and Circular*.

Physical Condition of the Boers.

The London *Lancet*, commenting on the physical condition of the Boers due to their pastoral life and outdoor occupations, says:

In so far as they are of Dutch descent, the Boers should be small. The French blood which is mingled with that of the Dutch would not tend very considerably to increase the height of the Boer. The French, although taller than the Dutch, are not so tall as the English. Yet the Boers of to-day are taller, stronger, and possess a more powerful physique than the English. It is a quite common occurrence to meet a Boer six feet six inches in height. Indeed, it has been said that the average height of the Boer is six feet two inches. All travelers bear witness to their magnificent physique, especially those who have been among the real Boers, that is to say, those who live in the rural districts well away from the railway lines. But apart from the flesh and bone, the big, strong frames, and the hard muscles developed by the healthy, constant outdoor exercise, the Boers have practical freedom from the diseases due to alcoholism and vice. They are not total abstainers, but they are remarkably sober, and drunkenness is rare among them. On the other hand, how often are British soldiers punished for

drunkenness and invalidated through venereal disease. Not only is almost every Boer physically fit to take the field and fight for his country, but he is a stronger, healthier, and bigger man than even those who have been selected by medical examination as fit to serve in the British army.

From this the *Lancet* deduces the lesson that the physical salvation of the human race is to be obtained only by securing at least a reasonable proportion of the fresh air, sunshine and out-of-door life that is enjoyed by the Boer. — *Med. News*.

The Function of Gastric Secretion.

Kreidl demonstrated to the Gesellschaft der Aerzte by means of a dog, which he had prepared for the occasion, the functional activity of the gastric glands of the stomach. A fistula had been established between the fundus of the stomach and the surface whereby the process of digestion could be accurately observed. It was shown that simple mechanical irritation had no effect on the secretion of the organ, but if fluids were presented, such as beef extracts or broth, the flow was profuse. The psychical influence is immense; if the food be presented or its preparation exhibited five minutes before ingestion the flow of secretion is very great. — *Vienna Cor. Med. Press and Circular*.

INFANTILE DIARRHÆA.—Dr. D. E. Smith, of Minneapolis (*Northwestern Lancet*, November 15, 1899), states that in cases of diarrhea characterized by copious serous discharges it is necessary to resort to some astringent which should be antiseptic and not absorbed to any extent. Recently a chemical combination of 87 per cent. tannic acid and hexamethylen-tetramine has been introduced under the name of tannopine, which the author considers an ideal remedy in this class of cases. It is given in small doses, from three to ten grains every three hours. It does not break up until it comes in contact with the alkaline medium of the lower intestine, when the tannic acid is freed and the hexamethylen-tetramine liberates the most desirable of antiseptics, formalin. Children take tannopine readily as it is tasteless and small in bulk. It may be given either on the tongue or in any kind of nourishment. The formalin destroys the germs already attenuated by previous treatment.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

A French View of Netley Hospital and the Wounded English—The New Medical Poet, Dr. Lucien Villeneuve The Plague and Anti plague Serums—Surgery and the Novel "Fecundity" of Zola.

A late number of the Paris *Figaro* contains an interesting sketch of Netley Hospital as viewed through French spectacles. We condense a few extracts.

The Netley Hospital is an immense military institution, built of red brick and cut stone, in architecture most harmonious, full of arches and curves. It can hold twelve hundred sick, and has about three hundred wounded inmates at the time of writing. It is situated in a grove of trees, on the edge and at the end of Southampton Roadstead, that extends at its feet like a great tranquil lake. Here eight hundred actors of the Boer-English tragedy rest in their convalescence, the sad actors in the South African drama, where man's greed for gold caused the slaughter of the innocent in the name of that fraudulent phrase—national patriotism.

First Case.—The patient opens his mouth, of which one side is divested of all its teeth; a Mauser ball had passed through these teeth at their roots, lodging in the throat behind Adam's apple. It remained there for weeks! It was extracted at Netley Hospital, and its victim shows it carefully wrapped up in a piece of newspaper. It is a small oblong ball, like those of the Lebel rifle, thick as an ordinary lead pencil and almost two inches long.

Second Case.—A thin young man, with bright eyes, who tells us he received one ball in the knee, one in the hip and one in the arm. That in the hip causes suffering; when he breathes deeply he puts his hand up to his side and says he feels it there.

Third Case.—"I fell because the shot in my leg came so hard. It was

not a Mauser bullet, but one much more terrible—like a small ball from a cannon. But I saw some of my comrades struck by four or five of these balls and continue on, firing as they went. Bullets are nothing when they do not kill on the spot; it is only when the blood runs out for a long time that one faints and becomes unconscious."

Fourth Case.—"I have a ball here," and, all smiling, the young fellow shows us a wound. The radiograph is brought into use; the ball is visible, but has not, as yet, been extracted.

Fifth Case.—"I received five bullets, one in the forearm, that went through; one in the hand; one in the shoulder, that was extracted; one in the leg, and the last in the back. The latter went clear through the lung. I vomited blood, off and on, for three weeks; now I am cured."

Sixth Case.—A young man of about twenty, with a smiling face and clear English eyes, carries his arm in a sling. "My wrist was broken in two places by bullets," he remarked proudly.

But *tutti quanti!* We see in this short review the kind of cases they have in Netley Hospital. What must the ambulance hospitals in the Transvaal contain? One can see that the surgeon's work is far from easy.

And this in the twentieth century! Men are certainly human tigers. At least their rich owners, the bankers and bondholders who run the world in the interest of their own purses, make them so. Where is that European Peace Congress now? Gone glimmering with the Berlin microbial gathering of pseudo-savants.

Three well-known English surgeons have gone to South Africa, *i.e.*, Drs. MacCormac, Makins and Frere. Modern war requires the best specialists of the medical profession to supervise. MacCormac receives \$25,000, the other two \$20,000, as well as Dr. Cheyne, who receives the same pay at home. Makin must be ravished by this salary. A number of well-known civil surgeons receive \$15,000, \$12,000 and \$8,000; they are much better paid than ever the American surgeons were. The poorest paid service in the English army is

M. H. Scharlier, of University College Hospital. He earns \$8.00 a day and his board, about a U. S. Army surgeon's—captain's grade—full pay. As for Conan Doyle, the English novelist and widely known *litterateur*, he gives his services gratuitously and pays his own personal expenses; but, after all, Conan Doyle is Irish and not English, a truly adventurous humanitarian. There is a surgeon, one Mr. Cheattie, young but quite well known; he was engaged for \$15,000 per annum, but an absent minded official in the Minister of War's office wrote in his commission by accident £5,000 (\$25,000). so he draws about the same pay as MacCormac and never accuses his government of ingratitude.

In your great American Republic, with its talented men and its immense national wealth, here is food for reflection. Who deserves better pay than the surgeon? More of them die from wounds and exposure, in proportion to numbers, than in any other branch of the military service. However, it was always said "Republics are ungrateful." The truth of this axiom was ever realized by the members of the American medical corps in all the great wars on that continent. The pay of the savior of human life should be greater than that of the destroyers, who reap all the fame of military glory and enjoy the eternal usufruct of wars.

England gives its soldiers the very best medical and surgical skill it can employ, and never stops at the question of medical salaries. Other countries should follow the example of England and give professional men the pecuniary reward they so dearly earn. War, at this writing, still goes on merrily all around the world, the ping-ping of the bullet, the groan of the victim—forsooth, for purely commercial reasons. Destroy the Boer's liberty, rob him of his lands, and all in the name of Christianity!

* * *
A new French medical poet has been born, signing himself Lucien Villeneuve, who is no other than Dr. Victor Bridon. Why will medical poets hide under a *nom de plume*? There is Dr.

Cazalis, who signs himself Jean Lahor, and Dr. Richet, who signs himself Charles Ephère. These real poets need not be ashamed of their own names. Dr. Bridon, or, as he signs himself, Lucien Villeneuve, has lately published his "L'amour et l'art." The following medical poem will give a very good idea of his literary style.

LA MORPHINE.

J'ai vidé jusqu'au fond tes infames calices,
O Morphine, sirène aux yeux cerclés de noir.
J'en ai goûté la joie et vécu les supplices,
J'ai méconnu ta ruse et subi ton pouvoir.

Oui, tu m'as été douce et longtemps secourable,
O Morphine! Avec toi, j'ai lutté, j'ai vaincu
Le mal aux doigts hideux, le mal au front tetu
Qui dévorait ma chair et mon sang misérable.

* * *
What is the best antiplague serum? Several *savants* of the pseudo-scientific type dispute this question. Like the diphtheritic serum chaps, Roux in France and Behring in Germany, we have the Yersin patent serum and that of the Pasteur microbe factory. Tons of the vile stuff have been sent to Hindostan, and colossal profits made from these patent remedies. Since 1898, it may be said, these alleged remedies have been used. In India, in 1897, there were 180,000 deaths recorded; in 1898, 240,000 deaths; in 1899, 332,000, while the present year bids fair to eclipse them all. The serum as a specific has, then, proved to be a medical humbug. Alleged sanitarians who undertake to enforce its use among the masses should be called to time. There is every reason for believing that this alleged specific has spread the disease broadcast. It is to the interest of vaccine and serum factories that contagious diseases should be propagated. Unscrupulous parties certainly run many of these serum concerns, and it is to their interest (like all other patented therapeutic measures) that epidemics should be spread. The governments of Europe are opening their eyes to the fact that this kind of medical science is not entirely disinterested. No sane person would care about using either the Yersin or Lystig serum in case of plague.

There has of late years been much

opposition to the use of vaccine as a preventive of smallpox. This anti-vaccination feeling has been strongly accentuated by the efforts made to vaccinate against each and every contagious disease by some specific serum. Only vaccination has held its own, and the term should not be applied to any therapeutic remedial measure save that of smallpox. If the modern manifestation of variola has been so mild as not to need even medical treatment, there is no necessity of the whole world rushing to the financial support of vaccine farms. Arm to arm vaccination is better than the virus from cattle, but, following the modern doctrine of germs, that might be tubercular.

* * *

Zola, in his "Fecondite," that merits an English translation, defends the family, and from that the depopulation of countries. This question is well treated, but upon some special points the genial writer is a "little off," to use a slang expression. This, no doubt, is due to his lack of precise information. Zola not only accuses prostitution, but the practice of surgery, with causing national depopulation. Women who assure themselves from fecundation by spaying or by debauchery all suppress in themselves the elements of maternity. Zola leads his readers to the public hospitals, where a few physicians take on themselves the responsibility of castrating operations, and the man with the largest number of ovarian operations glorifies himself as a surgeon. The Dr. Bontan of Zola's romance is made to say: "In the hospital I castrate two or three thousand women every year. My figures are at least doubled in numerous clinics, where there are no witnesses and no medical control of any kind. In Paris in the last fifteen years there have been thirty or forty thousand women spayed. In France a half million women robbed of the flowers of their maternity." Such surgery is on a par with the hog spayers and capon cutters with whom France abounds. Great is this kind of surgery for the alleged surgeon, but a very bad thing for every country. No wonder that the birth-rate of a nation is de-

creased by its doctors—or words to that effect.

No, Zola is romancing in all this; he is inexact, his figures exaggerated to a fantastic degree. That there are operators in all countries who castrate in a shameless manner goes without saying, but such *professional criminals* are few and far between, rare even in the general mass of practitioners. Few men with conscience and reputation will practice this operation without the strongest evidence to ground their faith on. The Battey operation should never be employed without the consultation of several old and experienced guides. The ablation of ovaries in hysterical women who fear the pangs of maternity, yet have no real lesion, should be grounds for heavy damage suits on the part of the state. The depopulation of France, or rather its lower birth-rate in late years, cannot be wholly attributed to the increase in prostitution and meddlesome surgery. Other causes must be sought for its explanation. Zola has overdrawn the picture, yet the romance may do some good by calling public attention to an evil that, while slight at present, shows a tendency to be increased. This question may well be left to the domain of the legislator and doctor; it should not be permitted to enter the field of mere romance.

On the Treatment of Syphilis by Means of the Mercurial Sack and Merco-Lint.

Dr. Schuster, Aachen, Germany, (*Archives f. Dermat. u. Syphilis*, March, 1900), criticises Welander, of Stockholm, for his method of treating syphilis by means of mercurial ointment spread in a sack and worn on the body, and Blaschko's, of Berlin, similar method of merco-lint. He expresses doubts in reference to Welander's results, and denies that the inunction method is purely an inhalation treatment. He proves his point by finding a goodly amount of mercury in the urine after the anointed extremity has been carefully tied up with rubber cloth to guard against vaporization. He states that he is unable to find the

globules of free metallic mercury in the urine, that Welanders mentions, and is of the opinion that comparatively little mercury enters the system by either of these methods. They are useful only as adjuncts to some other form of treatment, and are specially indicated where a small amount of mercury should be administered for a long interval, *e.g.*, in the intervals between systematic courses of treatment to control mucous plaques and light forms of complication.

M. L. H.

On the Treatment of Syphilis with Mercuriol.

Jordon, Moscow (*Archives f. Derm. mat. u. Syphilis*, March, 1900), gives a report of fourteen cases treated with mercuriol. Mercuriol is a mercurial preparation in powder form, the metallic mercury being very finely divided in order to promote rapid vaporization. Five grammes of this powder is daily placed in a sack that is worn on the chest or back, after the method of Blomquest-Welanders, of Stockholm. Jordon found the results slow, the amount of mercury eliminated in the urine small, and he was frequently obliged to support the treatment with inunctions or injections in order to check the symptoms or restrain complications. He styles the cure a weak one compared with inunctions or injections, and useful only in those cases where patients cannot tolerate inunctions or injections. Mercury was found in the urine after eight days, whereas inunctions showed it in four days, and injections in two. M. L. H.

THE action of ustilago on the uterus is powerful, but different from that of ergot. It causes regular intermittent contractions. The contractions produced by ergot are tonic.—*Med. Summary.*

AN IDEAL COUGH SEDATIVE.—The combination of codeine with antikamnia presents a most desirable mode of obtaining the full value of these two excellent remedies, and there is no better form in which to exhibit them than in the well-known antikamnia and codeine tablets, each containing four and three-fourths grains antikamnia and one-fourth grain codeine.

Book Reviews.

The International Medical Annual and Practitioner's Index: A Work of Reference for Medical Practitioners. 1900. Eighteenth year. New York: E. B. Treat & Co. Price \$3.00.

The Annual of this year has maintained its previous high standing in recording medical progress, particularly in diagnosis and treatment. While no very startling discoveries have been made in the latter, yet the advance has been steady and along broader lines. The whole range of medicine and surgery has been pretty thoroughly covered by specially prepared articles by specialists in the various lines. Considerable attention has been paid to the newer silver salts and their advantages in the treatment of gonorrhea. The general concensus of opinion was that they were of great benefit. Of particular interest was a careful review of medico-legal cases that have come up during the last year. Illustration has been confined for the most part to the exploitation of a case of mycetoma of wide distribution. Among the list of authors are included McFarland, Loomis, Priestley, Mayo Robson, Gilman Thompson and others of prominence.

M. A. B.

The American Year-Book of Medicine and Surgery. Under the general editorial charge of GEORGE M. GOULD, M.D. SURGERY. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900.

Contrary to previous custom, the year-book for 1899 has been issued in two general volumes, one on medicine, the other, that at present under consideration, on surgery and the allied branches, anatomy, gynecology, obstetrics, and the eye, ear, nose and throat. A short *résumé* of the progress in materia medica has also been appended to this volume. General surgery, under the able charge of Keen and Da Costa, has naturally absorbed the greatest attention. Considerable attention has been given to the new incisions for total extirpation of the breast, the lines of incision, according to Cheyne, depending largely upon the situation of the cancer. Progress in

the surgery of the stomach and intestines, including hernia, has also been most carefully portrayed. It is sufficient to state that the field of orthopedic surgery has been entrusted to Virgil Gibney. Other writers are Baldy and Dorland on gynecology, Hirst on obstetrics, Hansell and Reber on ophthalmology, Burnett on otology, Fletcher Ingalls and Henry Ohls on the nose and larynx, and C. A. Hamann on anatomy. Complete references are made at the bottom of each page, a more convenient method than that of consigning them to the end of the section. The work is entirely that of abstracting, and has been done most thoroughly, the essential features having been gleaned in nearly every instance. Illustrations are not numerous, but are, as a rule, excellent. The careful and thorough indexing, so common in the works published by this house, has not been neglected in the present instance, and any topic can be readily found after a few moment's search. The plan of dividing this important yearly into two sections is an excellent one, and sure to meet general commendation.

M. A. B.

Elements of Clinical Bacteriology: For Physicians and Students. By DR. ERNST LEVY and DR. FELIX KLEMPERER. Second enlarged and revised edition. Authorized translation by A. A. ESHNER, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic; Physician to the Philadelphia Hospital. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900. Cloth, \$2.50 net.

A work on bacteriology from the standpoint of the clinician is a distinct advance in, as well as a valuable addition to, medical literature. This want the authors have endeavored to supply, and that they have succeeded the favorable comments and large sale of the first edition well testify. Books there are, many of them, and good ones at that, on bacteriology and on clinical diagnosis, but each clings tenaciously to his chosen subject, and the practical working value of the two used together has been completely lost sight of, or at the most relegated to the background. In the present volume, however, they are considered side by side, and to that

fact principally the book owes its importance. The distinguished positions and the original work done by the authors and translator are a guarantee of the reliance to be placed on the statements contained. As was to be expected, it has been deemed necessary to add an article on the plague. A valuable chapter on botulism has also been added. The chapters on typhoid fever, immunity, diphtheria, examination of air and water, have, in view of the great strides made in these directions, been greatly revised and brought up to date. The photo-micrographs of the various bacteria, with which it has been deemed advisable to embellish the American edition, are all excellent. In a word, it is a book that, if not an actual necessity to the clinician, is at least one from which he can derive many pleasurable and profitable hours.

M. A. B.

On the Function of the False Cords in Phonation.

Donogany (*Monatschrift für Ohrenheilkunde*, January, 1900) says that out of one thousand patients, only one hundred and fifty could hold the constrictors of the pharynx still enough to permit of examination. During normal phonation the false cords moved in 62 per cent. of the cases examined. The movement consisted of an approximation of the cords, which was greatest in the higher tones. At the moment of phonation they became rounder, thicker and firmer, the approximation being closest in the middle, where a little swelling forms. Sometimes the anterior ends approach most closely, leaving a triangular interval behind. On two occasions the false cords receded from each other during the production of high notes. The movements are most marked when short notes are sounded in rapid succession. The movement begins at the moment when the glottis is closed and lasts till it is opened again, and is independent of the height of the note. The false cords may touch only at one point, or, when assuming the functions of the true cords, along the whole length, producing a rough, unmodulated voice.—*Canadian Practitioner*.

THE CINCINNATI LANCET-CLINIC

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MAY 5, 1900.

WHOLE VOLUME LXXXIII.

In Memoriam.

JOHN A. MURPHY, M.D.

The death of Dr. John A. Murphy, a member of the Academy of Medicine, was formally announced at a meeting held March 5, 1900. At that time, by unanimous consent, it was agreed that the session to be held March 19 be devoted to the consideration of appropriate resolutions of eulogy. The committee selected offered the following resolution:

Resolved, That the Academy, having learned with profound regret of the death of Dr. John A. Murphy, which occurred on February 28 of the present year, recognizes in his death the loss of not only the oldest, but also the last of the original charter members of the society. He was revered for the purity of his character, his high professional attainments, his inflexible fidelity to the interests of the Academy, and for his unselfish devotion to the afflicted under his care.

WM. E. KIELY.
W. E. SCHENCK.
J. C. OLIVER.
LOUIS SCHEWAB.
J. C. MACKENZIE.
Committee.

LETTER FROM DR. DANDRIDGE.

DR. CONE, Secretary of the Academy of Medicine.

Dear Doctor: It is a matter of deep regret to me that I am not able to be present at the meeting of the Academy to-night and pay respect to the memory of Dr. Murphy. Unfortunately, an engagement, made before I knew of the meeting, will keep me away. I should have been only too glad to have given my evidence to his worth as a man and physician. Though not directly a student of his, the strong elements of his character attracted me, soon after I commenced the practice of medicine, after my return from Europe, and I have always had the benefit of his counsel, his confidence and friendship, and to the very end was on terms of closest intimacy with him. I have always felt that the support he early gave me exercised a most important

influence on my career, and I will always recall most gratefully the many instances in which he placed me in positions of responsibility, quite satisfied, apparently, that I should be able to meet the obligations to be encountered.

I knew him well from many sides of his many-sided character. I knew him in his professional work, both public and private; in his home and in the closest social intercourse, and many is the hour I will recall in the future which I have spent listening to his vigorous expositions of his own views on matters pertaining to the widest range of topics—to literature, to science, to religion and politics, especially the politics pertaining to municipal affairs, in which he took the most patriotic interest. It was this personal interest in all things about him that kept him young in heart and vigorous in mind even when physical infirmities were beginning to show upon him. I will ever recall him as conspicuous among the physicians I have known, and as a brave and true and loyal friend.

If time permits I hope you will read this letter to-night, that the Academy may understand why I am absent from a meeting for whose purpose I am so much in sympathy.

Very truly,
N. P. DANDRIDGE.

ADDRESS BY DR. J. C. OLIVER.

About the year 1880 I determined to undertake the study of medicine. In pursuance of the plan I went to consult Dr. J. C. Mackenzie, the Secretary of Miami Medical College, regarding the proper course to pursue, and also to get some encouragement in undertaking what I regarded my mission in life. At that time Dr. Mackenzie was associated with Dr. Murphy, and I knew neither one, even by sight.

I rang the door-bell and was suddenly confronted by a man whose hair was mussed, whose face was stern, whose whole presence struck terror to my trembling breast. Summoning my resolution, I said, "Are you Dr. Mackenzie?" "No!" was the answer returned in no gentle or encouraging

voice. The man at the door then informed me that he was Dr. Murphy, and asked if there was anything he could do for me. I suspected he had designs on my life, and that I had better say something to placate him, so I falteringly said that I intended to study medicine. He replied, "You are a fool! Come in." I went into his office and he told me how much better it was to live on a farm and raise chickens, pigs, horses and mules than to study medicine. I was green and uninitiated at that time, so I did not follow his advice.

He kept me in his private office about an hour; meanwhile his outer office became filled with people anxious to consult him. I tried to excuse myself a number of times, but his peremptory "sit down" would cause me to suddenly change my mind.

Before my first visit to him was over I began to get an insight into his nature. I plainly saw the heart and soul of a *man* behind his gruffness. It was evident that he was more terrifying than terrible.

During my course in the Miami College I heard him lecture but once. His subject was "malaria." He was laying especial stress upon the periodic nature of the malarial manifestations. In order to emphasize this feature he would hammer upon the desk with a ruler and in a loud tone of voice ejaculate "periodicity." No student could sleep while he lectured; there was always enough transpiring to keep him awake and in a state of expectancy.

It was my privilege to serve for two months as his interne in the Cincinnati Hospital. It was here that I came to know him more thoroughly. He was as good a clinical teacher as ever walked the wards of the Cincinnati Hospital, and his internes learned much that was to their advantage. He was exacting and persistent in his demands upon his internes, but appreciated faithful service. His success as a clinician lay in the fact that his powers of observation were good, his common sense unusually well developed, and his judgment excellent. He was kindly considerate of his patients and frequently did acts of

kindness to them. He carried a supply of tobacco for those poor fellows who had neither money to purchase nor friends to bring it to them. His favorite classification of the poor was into "God's poor," "the devil's poor," and the "poor devils." He had great respect for the first and last class, and naught but pity for the second.

Dr. Murphy and Dr. Comegys had been friends for years. Each was the antithesis of the other. Many and many a time after a discussion between these two friends have I heard Dr. Comegys say, "Murphy, you must have more *suaviter in modo*." To which Dr. Murphy invariably replied, "Yes, and *you* need more *fortiter in re*."

Dr. Murphy was aggressive and progressive. He was tenacious of his purpose and would attain it more by direct attack than by any flank movement. He was a scrupulous observer of all ethical points, and hence his relations with his fellow-practitioners were pleasant. He was a tried and true friend of the young physicians, and many a one of these can cast their tribute of praise into the treasury of his good deeds.

He laid great stress upon gentlemanliness and gentlemanly instincts. A few days before he died I called to have a chat with him. As I arose to leave he also arose to escort me to the door. I protested against this exertion on his part, but he insisted, and the last words I heard fall from those lips were, "No man is old enough to afford to forget his politeness."

In paying my tribute to Dr. Murphy I must first acknowledge my debt of gratitude to him. He was my friend. Never have I called upon him for assistance in any undertaking without receiving prompt and substantial aid. To use his own words, he has "both carried and thrown bricks" for me. I desire, therefore, to express my appreciation, and to hope that it may be possible that I have, in a small measure, helped to make the declining years of his life more happy by his knowledge of my affection and reverence for him.

To my mind the sweetest tribute that can be paid the memory of our departed

friend is the recognition of his honesty. He made mistakes, but they emanated from honest motives. He made enemies, but none of them will accuse him of guile. He may have shocked the sensibilities of some people, but never through treachery. He may have perturbed society, but never by hypocrisy or deceit.

Towering above his frailties, eclipsing his shortcomings, excelling his deficiencies, stood his strong tower of honesty of purpose and fidelity to his ideals. Were I to inscribe an epitaph upon the noble column of marble that should mark his resting place I would select those immortal words of Pope—

"An honest man is the noblest work of God."

ADDRESS BY DR. W. H. TAYLOR.

Before 1850 Cincinnati was a small city, and on this account the people were much more generally known to each other than is now the case. For that reason I knew Dr. Murphy long before I was old enough to have any professional relations towards him. His family and my own were social acquaintances. I knew of Dr. Murphy when he was a very young man. I find in the catalogue of the Medical College of Ohio that he was a student there in the year 1843 and 1844, but as he was interne in the hospital in the year 1846, I presume that the time from 1843 and 1844 covered the period of his first year in college. It is said that at the time he entered the hospital there were two competitors who were so nearly equal that the authorities were unable to decide between them, so for the first time two internes were appointed to the Commercial Hospital, Dr. Murphy and Dr. Glover Perin, who was in the army for many years and rose to a prominent position, and died perhaps ten or fifteen years ago. Some years after Dr. Murphy had served as an interne in the hospital he and Jesse Judkins went to Europe together. The great Mecca of professional devotion at that time was Paris, and these two young men went there. At that time associated with the American legation was Don Piatt, whom some of the older

members of the Academy will remember as a prominent literary man. He wrote a book about that time which had some reference to their associations in Paris. Dr. Murphy is referred to in that book as Dr. Bobs. He returned to his home in 1852 or 1853, and at that time the Miami Medical College was organized and he was the youngest charter member of that organization. He continued in the college until about 1857, when it was then merged with the Medical College of Ohio, and from the faculties of each college were dropped some of their professors, but Dr. Murphy was one of the men who were retained in the reorganization. He then went into the Commercial Hospital as one of the Medical Staff. Later on I served as an interne under him, and I can repeat just what has been said as to his efficiency as a staff officer in that hospital. He had been trained under some strong men. The faculty under whom he studied medicine was composed of Drs. Baxley, R. D. Mussey, John Locke, M. B. Wright and John Moorehead. He always referred to Moorehead as the greatest of clinical teachers and as a hospital staff officer. Over and over again he has told me what John Moorehead made him do. To give you an idea as to what kind of a man Moorehead was I can say to you that in the library of the Cincinnati Hospital is an essay written in Latin on a medical subject. He, according to Dr. Murphy, was very rigorous in his requirements of him as an interne, and Dr. Murphy sought to reproduce Moorehead in his service. The old Commercial Hospital was a very different institution from the present Cincinnati Hospital, and it afforded Dr. Murphy a fine field for the exercise of his abilities.

I think it is important for those who judge of Dr. Murphy's character to a very severe accident. He had his know that in his childhood he met with ankle crushed by being run over. All of us will remember that he was lame, and at times he was very lame as a result of this accident. He suffered all his life from that ankle, and he very often spoke to me of the intense pain

he was enduring, and that I know was one reason for his apparently irascible manner at times. It was his physical suffering which made him act as he did.

In 1860 the Commercial Hospital was under a very different management from the present Cincinnati Hospital. It was then reorganized, and the Cincinnati Hospital took the place of the old Commercial Hospital, and the new house was built at about that time. Dr. Murphy had a great deal to do with this organization and with the legislation which was necessary for the establishment of the present *régime*. He continued for many years as a staff officer in the house.

Dr. Oliver has spoken of his kindness to young men, and I can certainly corroborate all he has said in regard to that. I shall always look upon him as one of the best friends I ever had, certainly as a student in my younger days, when perhaps I had need of friends more than now, and Dr. Murphy was always a friend.

I think it is important as medical men that we should know that much of the legislation of the past thirty years affecting the medical profession here was the work of John A. Murphy. In my earlier days the procuring of bodies for dissection was illegal, and there was no provision by which we could obtain them, and consequently every body which was obtained for that purpose was secured with the liability to punishment. It was through the efforts of Dr. Murphy, with some others, that the law was enacted which now permits us to obtain bodies without any violation of law. That, of course, was a great advance over the old methods of obtaining dissecting material, and it is a thing for which we ought to thank Dr. Murphy.

At about 1850 the American Medical Association was organized. Dr. Murphy was then very young, but he was very enthusiastic over the organization. One of the first meetings of the Association was held in Cincinnati, in the year 1851, and at that meeting Dr. R. D. Mussey was elected President. There was then a very rigid code of

ethics, and Dr. Murphy was exceedingly zealous for the enforcement of that code. Perhaps to-day we would not recognize the need for any such measures, but throughout his professional career he was a champion of the code of ethics of the American Medical Association.

He was very active in the Ohio State Medical Society and was President of the society for one year.

As has been said before, he was one of the charter members of this Academy of Medicine, and for a long time he took an active part in its work.

There is one thing to be said about all the public work of Dr. Murphy, and that is that it was unselfish. He never sought an office in which there was pecuniary compensation, and I think probably it would be true to say that he never held one, excepting that he was a member of the Board of Examiners during the civil war here, and received compensation for his work on that board. He also was an attendant at one of the military hospitals in this city during the civil war, but excepting these I believe it is true that he never held any office with pecuniary compensation. All of his efforts for the profession were unselfish, and all, I believe, were actuated by the very best motives.

It is very easy indeed for us to say that we do not approve of his manner. There were of course occasions when he had more of that *fortiter in re* than was wise, but he would not have been John A. Murphy if he had not had that. He lived in that respect in accordance with a maxim which he would repeat to me many a time. "It is not he who says the thing the loudest, but he who says it the longest, who wins," and it was that spirit which actuated John A. Murphy in his efforts. I fully concur in inscribing on his tombstone that which Dr. Oliver has suggested. Dr. Murphy was certainly honest in all of his motives, no matter if at times his manner seemed too arbitrary.

ADDRESS BY DR. C. E. CALDWELL.

It is with faltering tongue and hesitating speech that I arise, feeling my

own unworthiness to say any word of tribute in memory of my one time teacher and friend, our departed colleague, Dr. John A. Murphy. Though a young man, comparatively, myself, my memory of him goes back over a period of twenty years. I knew him when I first began the study of medicine, and from that time on. Although not being as intimately associated with him as many, my intercourse with him has always been of such a nature as to make me esteem and revere his character ever the more highly. History has few names that come down to us bearing with them a certain impress of the personality of the men who bore those names. I might cite one of the men who in the history of the English Parliament has always come down to me impressing me with the strength of his wonderful personality. That man was Pitt, the Earl of Chatham. I do not know why it is when I think of Dr. Murphy I often think of Pitt, the Earl of Chatham. What a picture Macaulay paints of him, this magnificent man. We do not hear his voice, we do not see his face, but we feel through this lapse of time the immensity and greatness of that personality. There are men in the estimate of whose activities the personal equation never enters. We see their deeds and we hear of their doings, but we think not of the man. There are other men who, while having been active during their time and generation, having made names for themselves, do not impress us through what they have done, but through their sublime character, through what they were, and I feel that we are all convinced as we grow older that a man is truly great, not through his deeds, but through his individuality, through his personality. I have always felt this with regard to Dr. Murphy. I did not know him during the time of his early activities, but I may safely say that while his name may not go down through the ages as that of a great man, yet those among us who have been brought into contact with him and felt his influence, will feel that while perhaps in the accepted interpretation of the word Dr. Murphy may not be reckoned

among the great, yet we may call him great among us. Dr. Murphy was a man, it seems to me, free from all selfishness, all self-seeking. He was not one of those men who loved notoriety, or the fame that comes from the exploitation of his name in the local or medical press. He was content to well do his daily duties, to exercise his influence, an influence which was powerful towards shaping the destinies of those with whom he came in contact personally. I think that he, more than any other, understood the sentiment expressed in the lines of old Omar :

" The wordly hope men set their hearts upon
Turns ashes, or it prospers, and anon,
Like snow upon the desert's dusty face
Lighting a little hour or two, is gone."

Tempus edax rerum, sooner or later will efface the names of all those whom fame has chosen to inscribe upon her scroll of honor, but amongst us who have known and loved him, the name of John A. Murphy will ever be honored and revered.

ADDRESS BY DR. C. D. PALMER.

It seems doubly appropriate to me that I should say a few words of commendation of the life, the career, and character of our esteemed friend, Dr. Murphy. This is the time above all others when we are apt to think of the many excellencies and virtues of our deceased friends or acquaintances. Death always makes us mindful of our gains and our losses. Death makes us mindful of our gains during the life, and our losses by the death of friends.

When I was a mere lad in Cincinnati I knew of Dr. Murphy chiefly as a practitioner of medicine. I knew him afterwards when I was a medical student, and he delivered a course of lectures on materia medica and therapeutics in the Dental College on College Street, this city. I knew him better afterwards, when I and a few others took a private course of instruction from him on materia medica and therapeutics. The gentlemen in this class were Charles Wilson, John L. Cilley, James Culbertson and myself. We went every day to his office, on the south side of Seventh Street, just east of Central Ave-

nue, and had our recitation. The lesson was always given the day before. Dr. Murphy was then a bachelor. We know that he married late in life. We gathered around his fireside in his office day after day. Oftentimes he would consume the odds and ends of time, between the asking and answering of a question, by cutting the leaves of an English medical book he had just imported from London. One day I recall, he was cutting the leaves of an English medical book. I was sitting next to him. He suddenly stopped, raised his arm above his head, and brought it down with great speed and power on my right thigh, at the same time saying: "Palmer, what is a stomachic?" Fortunately, Palmer knew what a stomachic was. If he had not known, he would have been reminded not in any gentle way. I have never needed a stomachic since that day, forty years ago. I mention this to show that he was a most excellent, forcible teacher. He was clear, direct, emphatic and enthusiastic. He impressed everybody over whom he had care in teaching medicine that he was a most valuable teacher.

Dr. Murphy was a man always loyal to his profession. He took a great interest in medical matters, national, state and city.

He more than once came to me to give me advice, after my terrible accident of some years since. He came to see me after that unreasonable suit which was brought against me. Of course, he congratulated me when that suit was over. I can not forget that on two or three different occasions during the progress of that suit he took the time and the trouble to come over to the Court House. I judged by the expression of his face that he was pleased with the prompt, clear and satisfactory manner with which I answered the questions put to me.

I wish to speak of one other point. Dr. Murphy was a most valuable citizen of Cincinnati. Few men ever took a greater interest in our municipal affairs than Dr. Murphy. Time and time again he has gone to our Mayor and to the Board of Public Works to

ask their attention to this need, to correct that negligence in another. I would that there were more men in our profession who would take more interest in our public matters. I think then it could not be said that the weakest features and greatest faults of our republican form of government are the maladministration of our municipal governments. Along this line of work Dr. Murphy certainly left us an example. He was not only an honor to his profession, but an excellent citizen, a man thoroughly sincere and honest in his actions, and pure in his motives, always seeking professional and public good.

ADDRESS BY DR. J. L. CLEVELAND.

Whatever I might be able to say in regard to our deceased brother would be only a repetition of what has been already said. In thinking over the life of Dr. Murphy and the length of time that he has been in this city, and the occasion of this meeting here to-night to do honor to his memory, the question would naturally arise, what are we here for? Why is it that we are assembled here to do honor to this physician? The answer is that he was a man distinguished among men. One fact stands out prominently in regard to Dr. Murphy. He was a man of very strong characteristics; a positive man. You know most of us are neutral; we do not give much color to life, but Dr. Murphy was not that kind of a man. He was a positive man; he was a man who gave positive coloring to life and to his associations. Now what was the character of this positiveness? He knew his own mind and had the courage of his convictions. I think Dr. Murphy was a physician in the best sense of the word. He was a man that despised quacks and quackery—in fact, pretense of any kind in connection with the practice of medicine. If you wished to excite his wrath or antipathy at any time talk to him about quacks or quackery, and see how quickly he would be aroused.

I have known Dr. Murphy as a student, and also as a fellow-practitioner, ever since 1866. I first heard him lec-

ture in the old Commercial Hospital shortly before it was torn down. I also heard him deliver lectures in the old St. John's Hospital, and when they were building the new hospital I had the privilege of serving under him as an interne for one year, 1868 and 1869. I do not wish to draw any invidious distinctions in regard to other men, and I do not think it necessary to speak of Dr. Murphy in a superlative way, but I think all who knew him will testify that he was a sound and an excellent clinician. I did not have the pleasure of listening to his didactic lectures, but as a clinical lecturer I think that he had few superiors. I think that I learned a great deal in serving under him in the hospital wards, and I can say that I have learned from Dr. Murphy all my life. He has been a teacher to me here in the Academy of Medicine, where he has been so faithful year after year. So Dr. Murphy was a positive character.

As regards his citizenship, we all know how zealous he was in regard to municipal affairs. Dr. Palmer has mentioned how careful he was in regard to the interests of the city, a fact to which we can all testify. While I have known Dr. Murphy all of these years and known him intimately as a physician, I can not speak of his personal qualities as freely as some others, but that he was a man whom we should emulate as physicians I think we will all agree. He was a man of integrity and honesty of purpose. He lived seventy-five years, and I think it is saying a great deal for a man to have lived seventy-five years and to still hold his integrity and the respect of the community of which he was a part. This Dr. Murphy did.

ADDRESS BY DR. ROBERT W. STEWART.

I have known Dr. Murphy for twenty years, first when I was a student, then as interne at the City Hospital, and during the years succeeding my service there in various ways and at various times. I have listened to his lectures and served under him and with him, and I wish to add my tribute to his character. In all these relationships he was ever the courteous gentleman, of very decided

opinions no doubt, but even with these opinions he was ever ready to listen to the opposition, and I think willing to yield if he thought that the opposition was right; but there was one element in Dr. Murphy's character, and that was that he made up his mind rather slowly. He had what might be called preparedness of mind—that is, he was prepared to express his opinion on various subjects, and these opinions seemed to come spontaneously; but in reality it was because he was a man who thought ahead. There was one thing which guided his actions more than anything else, and that was his high sense of moral obligation. He was a man who despised the medical advertiser, or the medical quack. He constantly repeated this one thing in my hearing, and he repeated it to others: "Never try to climb over the shoulders of other men." If I were to sum up all his characteristics I would say that he was a gentleman whose worst side was the outside.

There was another characteristic of the man which has not been touched upon to-night. It is one of the characteristics of the older physicians, that they were men whose every sense was trained. In these days of instruments of precision and laboratories, which are established in connection with doctors' offices, to which specimens can be sent and examinations made, the student of the present day is apt to lose that fineness of perception which the old-time men had. Dr. Murphy had this characteristic to a remarkable degree.

ADDRESS BY DR. THAD. A. REAMY.

It is not a small thing for a man to have been a charter member of this Academy, with its half a century of existence, and to have remained an active and working member until his death at seventy-five years of age. Such long service is exceptional. And when, as in the case of our deceased friend, this long career of professional activity has been marked by high ideals of industry, morality and honor, it is certainly meet and proper that we who temporarily remain shall thus assemble and give brief expression to our sentiments of apprecia-

tion. The contemplation of such a character is at once strength and inspiration to young men, a benediction to those who are older.

I first met Dr. Murphy at Zanesville, O., at a meeting of the Ohio State Medical Society, in the year 1855. The session was marked by considerable excitement growing out of a discussion of the Code of Ethics. The late Dr. M. B. Wright, who was then in his prime, a most fluent and forceful speaker and brilliant debater, had been appointed at the preceding meeting as chairman of a committee to revise and define the Code of Ethics, made a report abolishing the Code and placing every man on his honor to obey the Divine Code. Dr. Wright and many others defended this report with great vigor and plausibility. Opposed were Mussey, Dandridge the elder, Dawson, Woodward, Blackman and Murphy, Thompson of Columbus, Hildreth of Zanesville, and others. Dr. Murphy was conspicuous in this debate. The report of the committee was defeated. There were giants in those days. At this meeting I had the honor of election to membership.

Until within the past twelve or fourteen years Dr. Murphy was constant in attendance upon the State Society meeting. He wrote comparatively few papers for its transactions, but few if any were more active or able in the discussion of papers. He had marked skill in driving straight to the salient points, and in few words showing the strength and the weaknesses of a contribution. Though the author of a paper might be an intimate friend, he need not expect quarter from Murphy if he had offered sophistries for facts. Fearlessly and mercilessly he wielded the weapons of reason, sarcasm and ridicule, and yet never in any offensive spirit.

Dr. Murphy was an eminently practical and able practitioner of medicine. He had when I came to this city, twenty-nine years ago, a very large and lucrative practice. Many of his clients were of the most wealthy and influential citizens, yet he attended many of the poor and middle classes.

He entered upon his daily work with intelligence, industry and zeal. He had close personal acquaintance with his patients; they felt that he had special interest in their welfare. Though often brusque in manner, he was tender hearted. His patients, therefore, loved him and had confidence in him. His perceptive powers were large. He seemed to reach conclusions as if by intuition.

During our civil war Dr. Murphy was one of the examining surgeons of the Ohio State Board. His colleagues were Dr. Cook, of Youngstown, and the Surgeon-General, Dr. Gustav Weber. I appeared before that board, having the good fortune to pass successfully as surgeon. Dr. Murphy quizzed me on the diagnosis and treatment of typhoid fever.

A few years after my location in this city I had the unpleasant opportunity of measuring swords with Dr. Murphy in one of the bitterest controversies that ever disturbed the peace and unity of the profession. Though not vanquished, yet on more than one occasion I felt the point of his steel, and the power of his influence. He, with others, believed, at the time, that I was in the wrong, and the onslaught was terrific. Time brought better understandings between all parties. The conflict was not ended by a truce, but by the establishment of harmony and the growth of sincere and lasting friendships. It is, as I think, both right and proper that here and now I acknowledge the mercy of God which has spared my life until I could count as my friends every man, young or old, who was conspicuous in that conflict.

A few years since Dr. Murphy and myself, with our families, spent some weeks in vacation at Lakewood, New York. On many occasions during this period the doctor and your speaker stole off to some quiet nook, chatted and communed together. It was here, hand to hand, face to face and heart to heart, as we talked over the past and the present, casting by the eye of faith and hope our horoscope toward the future. It was here that I came to know the man better than ever before.

—the sweetness of his spirit, the nobleness and the sincerity of his purposes.

Dr. Murphy has gone to his reward. He was not without faults (who among us can lay claim to perfection?). But his virtues towered above his faults. If he could be here with us to-night—and for ought we know he may be near; this strange and mysterious thing called death may be only transition, the dropping of a curtain; most certainly it is not oblivion. I say if he were here he would not wish us to speak of his life as without possible mistakes. But I believe that now, from his more exalted and better view of the past, he would not condemn us in the expression of our estimate that he had moved among us an honest man, a loyal and patriotic citizen, a friend to the poor, a defender of the honor and the dignity of our noble profession, a most successful teacher, an eminent physician. He was not enthroned on Olympus, but he struggled upward with those who occasionally obtain glimpses of light through rifts in the clouds that hover about its summit.

Fondly I would lay my humble tribute upon the altar of his memory.

ADDRESS BY DR. FRANCIS DOWLING.

One evening in the old Cathedral of Notre Dame, in Paris, I listened to a beautiful lecture by a noted divine on "Human Character." The speaker, among other things, contended that it was not the great achievements which men perform in life which develop useful and strong characters, but it was the little things, the every-day things which they do, and do them well and faithfully. These were the elements that built up those strong, well-knit characters that exercise the best influence in the world, and were most successful in combating life's storms. The force of the speaker's argument impressed me most favorably, and it occurs to me that the text of the argument applies particularly to the character of our late colleague, Dr. Murphy. We all know how painstaking he was as a physician, in analyzing the various symptoms of disease. The little shades of symptoms, so to say, the between-

line ones which did not claim the attention of others, always claimed his, and it occurs to me that this is one reason why there was developed in him that almost marvelous power of diagnosing disease for which he was noted, and for which, I am told by some of the older members here, that in his day there was nobody who equalled him in our city.

As a municipal officer in the Board of Directors of the University of Cincinnati I had the pleasure of serving with him as a colleague. On the board were Dr. Murphy, Dr. Dawson, Dr. Comegys, Dr. Fishburn and myself. As a member of that board the same painstaking character was exhibited by Dr. Murphy as was shown in his professional work. Every expenditure was scrupulously investigated before his vote was recorded in its favor. He was bitterly opposed to all forms of quackery, and he would let out his wrath against them in no uncertain terms. He was a very valuable member of the University Board. He evinced a splendid judgment, was painstaking, as I have said, very conscientious, and was honest to the core.

As a citizen Dr. Murphy was for everything which was for the best interests of Cincinnati, and time and again he was found at the City Hall advocating measures which he thought were for the best interests of the city.

Dr. Murphy was one of the "Old Guard" who took a deep interest in the medical literature of France. During his younger years in the profession he spent some time in Paris as a student, and became a thorough French scholar, and even up to the time of his death he both spoke and translated that language with fluency and ease.

As a man, Dr. Murphy was of rather stern exterior, but those who knew him thoroughly knew that beneath that stern exterior there was a warmth of heart and an unfailing sympathy of feeling which went out to everybody in distress. In his heart there was always a warm corner particularly for the young doctor who did his duty faithfully. He was one who lived an honest and a useful life. The commu-

nity is better for having had such a man among us. He was one who could say, as life's curtain went down, "I have performed every duty in accordance with the dictates of my conscience."

ADDRESS BY DR. JOSEPH EICHBERG.

It may be of some interest to the members of the Academy to know something of the last days of our departed friend. For many years I was honored by his confidence and friendship, and when little infirmities came upon him he asked that I call to see him from time to time. For the last two or three years he suffered intermittently from slight attacks of vertigo, and, with the physician's knowledge as to what they meant, he was extremely apprehensive that he might be the subject of apoplexy, and pass his last days helpless and a cripple. This idea seemed to be present in his mind more or less constantly, and so a week before his death, when he had another slight attack of vertigo, he asked me to come to see him again. Upon that occasion I made an examination of his chest, as I had often done before, and found for the first time that there was evidence of some slight cardiac dilatation, with mitral insufficiency. I had assured him on previous occasions that the vertigo was due to cardiac disturbance; and did not necessarily point to any cerebral lesion, and when I told him on this occasion that it was his heart, he seemed reassured and comforted. On the day preceding his death I saw him seated in his study and we talked of the revision of the municipal code. This was on Tuesday. On the following morning I saw him again; it was the day upon which he died. He had passed a restless night, and had suffered somewhat from a slight dyspnea. He said to me that he was afraid his end was approaching. He had remarked the same thing to me on many occasions for the past ten years. There was nothing to indicate that there was any special danger. The pulse had responded nicely to the influence of stimulants, and his heart's action at that time was quite regular. I saw him

later, at noon, and said that I would see him again at 3 o'clock. At 2:30 o'clock he left his bed, returned in a few moments and asked his attendant to help him to bed. He said that he would lie down and sleep, and so he slept. There was no struggle, the end came painlessly and peacefully shortly after this.

If it be true that "Some must follow and some must lead, though all be made of clay," then I think it is easy to find Dr. Murphy's place. He was one of the leaders born; his character, his learning, his rigid honesty of purpose, all placed him in the front rank of men. As a teacher, as a physician, as a debater, as a friend, as a citizen, as a man, there are few who can surpass him. I think if we should sum up in epigram the various attributes of his character, which all of us will remember, we would say his wit and his wisdom, his courtesy and firmness, his courage and his constancy. He was ever courteous in personal dealings and fair in professional matters. It had been granted to him as it is not always given to members of our profession to round out a youth of labor with an age of ease, and yet he sought not ease, and believed, with Cicero, that while it was well to see in the young man some of the attributes of old age, so it was pleasing in an old man to see the ardor of youth. He kept himself young by a constant contact with the younger members of his profession. He believed in medicine for the body, but not much. It was to those who sat upon the benches that he said in his own forcible way, which made his utterances emphatic, that it was the duty of the physician in dealing with acute cases to take care of the patient; that the disease would take care of itself. All of us remember that.

Attention has been called to his great value as a clinical teacher, and it was in the use of little details for emphasizing points which he wished to impress upon his hearers that his teaching counted for so much. An incident will serve to illustrate his method of teaching. During the college session of 1875 and 1876, at the beginning of the course

of hospital lectures, it was Dr. Murphy's place to lecture first. The students were all seated on the benches awaiting the lecturer. Preceding his entrance there marched in six cadaverous patients, each one holding a chamber pot in his hand. This was during the days when the gentle sex was not yet admitted to the hospital lectures. He said it was the object of clinical medicine to teach those things which would appeal to the senses. His lecture was on chronic dysentery, and he said: "Gentlemen, there is no poetry about a dysenteric stool, but there is a great deal of information in it, and it is with the clinical facts of the disease that you should be made familiar."

Upon another occasion, when lecturing about the tongue of typhoid fever, he said that when he came through the ward on the previous morning he saw a patient with a tongue as red as a beefsteak, and turning to his interne he said: "Is that so?" The doctor said that it was "very red," when instantly he turned and said: "Gentlemen, he will not go the beefsteak, but he says it was very red." Now these are little things, but these were the things which made his lectures so instructive and brought so effectively to the mind of the student the points which he wished to impress upon him. He possessed a rare talent of mimicry, and could easily have a complete epileptic convulsion, and it was a part of his annual lecture on chorea to break a pitcher of water. As a lecturer there was no man his equal.

He had the highest respect for his profession, and as he respected his work he respected himself. Nothing was so distasteful to him as the increasing tendency to commercialism which he saw invading the ranks of his chosen calling. Nothing was more objectionable to him than the appearance of doctors' names in the daily papers.

The secrets of the sick-room were sacred to him. Oftentimes I have heard him say, "You must be wise as serpents, and as harmless as doves. It is the duty of the doctor to go into the sick-room to see everything and to hear everything; and when the door of that room

is closed upon his back it is his duty to forget everything." He practiced this exactly to the letter.

Mention has been made of his sympathy for the younger men in the profession. There was never an occasion, which he let pass, for the advancement of the younger brothers in his calling whom he knew and recognized to be worthy of assistance. He always encouraged them, not only by word of mouth, but in every other-possible way. He used to tell them that early to ripen was early to die, and that the mushroom, while it grew quickly, had a very weak root in the soil. So by illustration always aptly made, and by reference to his own experiences, he endeavored to smooth their path. He would tell them to wait and work, to qualify themselves so that when the time came they should be ready. He said he never knew an honest man who had done his work faithfully to fail.

Suggestions have been made as to an epitaph for our friend. The same thought has occurred to me as to others, but in different words. I should say that we might place with great fitness upon the stone which shall cover his mortal remains this sentence—

"He was true to his work, to his word,
and his friends."

ADDRESS BY DR. RUFUS B. HALL.

I want to add my testimony to that of the other speakers of the noble character of our deceased friend Dr. Murphy. He was a man of strong personality, of great mental vigor, and a man who wielded a great influence in the medical profession of this State and country. I have known Dr. Murphy for thirty-one years. When I entered the Miami Medical College he was in his prime, and made a lasting impression upon me as a teacher. His power of making his subject plain to the students won him the confidence and esteem of all the members of the class. He had a power of instilling confidence and courage into his students not possessed by any other teacher with whom I have ever come in contact.

He was a wise counselor in professional as well as in business matters.

Dr. Murphy was a positive man. He often appeared rude when really his intentions were most kindly. Those who knew him best loved him most. One was never at a loss to know his position on any matter that he discussed. He was either for or against it, and you had no difficulty in determining which side he was on. I shall always cherish his memory as a true and honored friend, a great doctor and a good man.

The Academy has sustained a loss in the death of Dr. Murphy such as it has sustained in few members in its existence. He was a charter member of the Academy, and was always an active, energetic worker. His attendance was as regular, even to the last, as that of most of the young men. He took a great interest in its transactions, in the reading of papers and their discussions, in which he frequently took part, and always commanded attention and respect.

We will miss him, but we know that he is at rest and that our loss is his gain.

ADDRESS BY DR. A. G. DRURY.

My recollections of Dr. Murphy are not those of a familiar friend, such as a student or colleague. They are rather such as come to men who meet frequently, but not intimately. I never heard him laugh heartily, or tell an anecdote. I never heard him speak otherwise than with the utmost earnestness. Indeed, I did not know him well until the union of the Cincinnati Medical Society with the Academy of Medicine. Dr. Murphy was not a man who attracted the stranger at first sight. On the contrary, he would often repel those with whom he came in contact for the first time. His best friends were those who had known him for the longest time. As has been said time and again, he had little of the *suaviter in modo*, but much of the *fortiter in re*. He did not know the word "policy" as used in practical politics. His method of accomplishing anything that seemed good was to drive at it with might and main, and not to cease striving until the work was accomplished. His opinions amounted to convictions, and were ex-

pressed with an energy which often excited enmity, though, in the majority of cases, he had no such intention. Characteristic of the man was his stand on the Code of Ethics. He believed in that almost as he believed in the Creed. Unnecessary publicity in professional affairs was exceedingly distasteful to him. Many will remember his insistence on executive sessions in the Academy, at times even when some of us thought such a step unwise and unnecessary. His efforts in behalf of a building for the Academy of Medicine we will remember as long as we remember the man.

In early life, I believe when a student in college, he met with an accident which confined him to the house for a long time, and prevented work or study for more than a year. This resulted in the injured foot, which troubled him all his life, and was a potent cause of his Byronic temper. Unlike Byron, however, his wrath was tempered with justice, and did not endure. In his kindlier moods he would take you by the arm, and, perhaps, address you as "brother." I met him once in an office he was accustomed to frequent. He took me by the hand and said: "Brother Drury, I studied Greek under your father in the old Cincinnati College," with a kind reference to his teacher. "Blood is thicker than water," and I ever afterwards had a tender spot in my heart for Dr. Murphy.

ADDRESS BY DR. DAN MILLIKIN, OF HAMILTON.

I deem it a privilege to come here, so kindly asked, to render some little tribute to our departed friend. We run to reminiscences to-night, and I am thinking of my old friend Dr. Murphy as I first saw him. It was at a time when I was something between man and boy, something between husband and lover, with a wife desperately sick, with panic in the house—aye, with death in the house, as I believed. A consultant was needed if ever one was needed, and that consultant happened to be Murphy. My first sight of him was when he came lurching into my wife's bedroom with the peculiar plow-

ing motion of the big shoulders which you all remember so well. When he had finished his short visit a diagnosis had been cleared up, a line of treatment had been impressed on the attending physician, panic was banished, something of hope was left us. He came and went in the night like a vision, and so impressive was this apparition that I think I set my face at once toward the study of medicine, dreaming that something in the man's work had made him the God-like creature that he was. Since then I have been somewhat disenchanted. There is nothing too good to say of our profession; it does much toward making noble men, but it never made a man like Murphy.

I have no great liking for post-mortal eulogy. *De mortuis nil nisi bonum*,—'tis a good maxim, but he whom we memorialize to-night would have translated it, *Say a good word of the living!* I would not be extravagant, but I will say of him, dead, what I often said of him living, that he gave me the impression of greatness more than any man it has been my lot to meet. It is not to be pretended that he was hag-ridden by that cursed thing we call genius, but he may be justly and temperately characterized as a man of the highest talent, of great morality, great industry, strenuous emotions and firm will. I have often heard that he was a patient investigator of scientific problems, including among these problems the sick people whom he treated; but I never saw this particular excellence in him. I marked him, rather, as a man well schooled, a man of broad culture and absolutely full of technical knowledge, and so prepared to leap to diagnosis as if by intuition. He did not excel in the use of instruments of precision nor in the inexorably sure methods of the laboratory, though he knew and used the plodding labors of others for his own swifter work. If he could have been a soldier he would have carried the enemy's works by assault or would have confessed defeat; I cannot think of him as laying siege. And these same qualities of readiness, preparedness and impetuosity made him an orator of great excellence, but forbade his writing well.

And this puts me in the way of saying that he had no rival in didactic discourse. I have been told that he shone when conducting a clinic, and I make no doubt of his excellence as a bedside teacher; but I met him under other circumstances, and found in him such unconscious mimicry, such histrionic excellence, such vivid memory, such rampant imagination, such power of suggestion, such picturesque expression, that I could never perceive the need of a patient at hand for his demonstrations; when he was at his best the concrete would have been a hindrance and an impertinence. It was as if he saw the essence of all cases at once, and compelled us to see with his transcendental insight. When Percival wrote his "*Ode to Niagara*" he had never seen the mighty flood; when Schiller wrote "*The Diver*" he had not seen any waterfall; when Scott wrote "*If Thou Wouldst See Melrose Aright*" he had not seen that noble ruin; and so was it with the prose-poet whom we recall to memory to-night—he had the power to see with the mind's eye and to project his conceptions upon the quickened imagination of his students.

We are agreed that he was stern, brusque and abrupt to the very verge of rudeness. His wit often took the bitter flavor of satire and sarcasm. His astonishing epigrams were sometimes harsh, nondebatable dicta. His criticism of unholy men and things ran quickly to rasping denunciation. We who loved him so well pardoned all this partly for his earnestness and honesty, partly for the twinkle in his eye which sometimes confessed his extravagance, and partly because he was of that Scotch-Irish race which has ever been plagued with the notion that it could be right beyond cavil and could force all minds into the same moulds of belief. There was something of the Puritan in Murphy, and something of the Puritan's intolerance.

But his outside was a chestnut-bur and there was abundant sweetness within. He greatly prized good manners, and, when not dealing with what were to him very grave matters, he was considerate and courteous, anxious to please, a good listener, and solicitous

about the comfort of others when on the rack of pain himself. Even after a violent disagreement he would heartily agree to disagree with an adversary in debate, and if, peradventure, controversy had carried him into a rancorous quarrel, as it sometimes did in his younger days, he sought such reconciliation as might be had without sacrifice of principle.

I have told you of my first interview with him. My second, which followed after a fortnight, revealed the tender core of the man's soul. I perceived a something lacking in him; his eyes shot out the electric blue fire no longer; the metallic ring was gone from his voice; his lips were set to a line, as if bracing himself to endure with dignity some stroke of fate. That night, as we walked under the stars, his sorrow surprised him and he told me how his little boy had died only a few days before. He was hit hard and he owned it, but he squared his shoulders a little more stubbornly and went on his way sadly but bravely.

Dr. Murphy quoted Carlyle oftener than any other great teacher, and I believe that, for good or bad, Carlyle had a great formative influence over our friend. Something of this has already been hinted to you, and it remains for me to say that the Scotch mental attitude toward man and nature probably cheated him out of much of the pleasure that was his due. His esthetic side was comparatively undeveloped. Joy in nature as an harmonious evolution was denied him. The innate human tendency toward continued human progress he rejected vehemently. He could not and would not apply physiologic principles to the phenomena of mind. He had no explanation for human crime save moral turpitude.

Had he been a Greek he would have been a grand Stoic and would have played his part in the tragedy of life with serene majesty and without question as to the last act. Born into our times, he was a Stoic none the less,—a staunch Calvinist,—and he held his faith with frank sincerity. We cannot dissolve the mysteries he has gone to explore; I would not if I could. Let

us rather hold that so long as we hold him in loving remembrance, and so long as we recount his conspicuous virtues, he lives again with us in an immortality beyond question. "The rest is silence."

* * *

At the close of Dr. Millikin's address the following resolution was adopted:

Resolved, That the Secretary be directed to transmit a copy of these proceedings to the family of the deceased, and as a further mark of respect to his memory the society do now adjourn.

The Use of Gold Wire in Radical Operations for Hernia.

Dr. De Francisco (*Centralblatt f. Chirurgie*) says that Professor Tansini has recently used fine gold wire in these operations, allowing the wire to remain buried; he objects to silk on account of the liability, as he says, of the knot to discharge months after.

He prefers gold because he can obtain a very fine wire of great tensile strength and one which is easily sterilized and may remain in the wound indefinitely. The gold must be of good quality, and is cheap to use because the cut-off pieces can be remelted. The sutures are fastened by twisting. Tansini has operated in ten successful cases by this method, the hernial sac being also tied with gold.—*St. Paul Med. Journal*.

Doctors in Russia.

It is proposed to limit the output of doctors in Russia. The Minister of Education has recently fixed the number of first-year students that will be allowed to enter the various universities. The sum total amounts to 1,095, which does not include the St. Petersburg Military Academy, which will take in about 250 students. In striking contrast to the limitation of students in Russia is the effort being made to attract medical students to the University of Buda Pesth. At that place the fees for lectures and classes have been remitted to a considerable number of students, and to those who pay any fees the amount has been very considerably lessened.—*Atlanta Journal-Record of Medicine*.

Original Articles.

OPHTHALMIC MEMORANDA.

BY DAVID DEBECK, Sc.B., M.D.,
CINCINNATI,

OPHTHALMIC SURGEON, ST. MARY'S AND GOOD
SAMARITAN HOSPITALS.

Some Medico-Legal Cases.—Fortunately for our peace of mind, our cases have rarely any medico-legal importance. From the very fact that we are so seldom called upon to consider the possible legal aspect of a case we are apt to ignore this entire subject, and fail to formulate any clear views upon it at all. For this reason it may not be without interest, and some little profit, to briefly review such cases as have come under our observation in which some legal question has arisen. This will give some fair idea of the character of the questions that may arise. The medical man's relation towards these questions may be of two sorts: either a direct relation, as defendant (in a malpractice suit), or as plaintiff (in a suit for services); or he may have an impersonal, independent position as an expert witness.

Sympathetic Blindness.—The most important case that has come under our observation was a suit for malpractice against the leading firm of oculists in our city. The boy had been injured by a flying chip of iron entering one eye. Enucleation was advised by them, and very certainly by others, and was persistently refused. Two years later sympathetic ophthalmia set in, and, despite enucleation, resulted in blindness in the other eye. It was held that no warning of this danger had been given, and it was answered that this had been repeatedly given; so it became largely a question of veracity. It was charged that an extraction should have been made; but it was shown by expert evidence that such attempts were rarely permanently successful, did not obviate the necessity of enucleation as a rule, and were not, as a rule, preventative of sympathetic ophthalmia. This was before the days of the electro-magnet for extracting foreign bodies. The plaintiff's attorney secured the admission of certain "authorities," and then some cases of extraction that were entirely dissimilar, and had no bearing on the case in issue, were deftly employed, and proved very confusing to the jury. In the first trial the jury could not

agree; in the second trial the defendants were acquitted.

Another case of exactly similar character led to a suit against a physician in one of our neighboring cities. This was a foreign body which led to sympathetic ophthalmia and blindness in the other eye. Fortunately, this physician was able to force, on cross-examination, from one of the relatives of the plaintiff the evidence that he had warned the man of this danger and had advised an enucleation. On this the case was dismissed.

I have myself had a case that might have proven of this character. A man in one of the railroad shops here had a flying chip of iron enter one eye, and was sent by the company for treatment. The day and hour for the enucleation was set and an assistant invited. The day before he consulted the youngest surviving member of the above-mentioned firm, and was told there was no urgency for the operation, and that there would be sufficient warning of any future danger in time to operate and prevent any disastrous consequences. So the man declined any immediate operation. I then did (and the company also) what we should always do in these cases that decline the advised operation: I drew up a paper stating what the trouble and probable danger was, that he had refused the advised operation, and that I was relieved from all future responsibility, and compelled him to sign this.

Glaucoma After Cataract Extraction.—A case of this character led to a suit for malpractice against one of our oculists. It was a case of incomplete cataract, with a preliminary iridectomy, followed in two months by the extraction. The immediate results were good, and fair V. was secured. Two months later slight glaucomatous symptoms set in, relieved by eserine. A month later (during his absence from the city) acute and severe glaucoma supervened, and a colleague continued the treatment with eserine. Upon his return an iridectomy downwards was made. This was unavailing, and the glaucoma became confirmed. There being some painful recurrences, enucleation was later made. The general charge of want of proper skill and care was made, and a sort of assumption that a physician should never leave town with an important case on hand, or that might possibly come to hand. It was also assumed that no other physician could so well understand a case as the one who had seen it through

from the start. It was answered by expert witnesses that the treatment was proper and the recognized one, that such sequelæ occasionally occur, and that it could not have been predicted or prevented.

In the first trial the charge of the judge decidedly bore in favor of the plaintiff, and the jury disagreed. At the second trial Judge Taft, after hearing the evidence for the plaintiff, took the case from the jury and dismissed it.

Detachment of the Retina.—A case of this character in my hands led to a threat of a suit for malpractice, but nothing beyond the preliminary steps. The man was an employé of the Gas Company, and had been struck in the eye while at work. I saw him two or three hours after the accident, and found a detachment of the lower half of the retina. I sent him home at once, gave him a hypodermic injection of pilocarpine, and some fluid extract of jaborandi to take internally. The result was a most profuse sweat, and considerable resulting prostration. Coincident with this the retinal detachment became complete.

The preliminary papers for a suit were made out, and his attorney called upon me, charging that the blindness was due to the exhausting treatment. I gave him a copy of my record, and a frank statement of the case in all its bearings. Nothing more was heard of the case.

Another case of this sort was interesting as uncovering an almost successful attempt at fraud. Some years ago I saw a railroad man with a detachment of the retina, due to a blow from the swinging end of the bell-cord. I filled out a certificate to this effect for an accident insurance company with whom he had a policy, and he received his benefits. Several years later an attorney acquaintance asked me to look into a case as expert, in which his company had been sued for damages. The report of a colleague as to this man's detachment of the retina, said to have been acquired in a recent wreck, struck me as in some way familiar. Looking up my case-book revealed a record almost in the same words under entry of several years previous. The case dropped, and he narrowly escaped criminal prosecution.

Another case of this character had a rather peculiar outcome, and shows how little escapes the legal eye on the hunt for contingent fees. I treated a railroad man for detachment of the retina found after being knocked from

a freight car. Later he developed a tumor under this detached retina, and on enucleation this proved to be a sarcoma. At the time I published a report of the case, as a contribution to the question as to the possible etiology of sarcoma from traumata. This did not pretend to be more than a merely suggestive article. In some mysterious way the circuit was closed and this article was shown by an attorney representing the man to the railroad company's officials. They seemed to have been more impressed with the weight of the suggestion than I am, and made a fair compromise with him. He moved to the Southwest, and I have never heard the outcome of the sarcoma.

Suits for Services.—Only three of these cases present any points of special interest.

One was a cataract case, in which I had plainly and frankly discussed the operation and the probable result with the son and daughter. The mother was a nervous, despondent woman, and I thought it incumbent upon me to assure her that the result was certain and to confidently promise her that she should see all right again. The operation passed over normally, and immediately after she recognized a woman friend who had remained to witness it, saw that I wore glasses and a full beard, and counted fingers. That night some rags thrown in the fire in an adjoining room made her think that the house was on fire, and she ran out into the cold, tiled hallway in her bare feet. An acute coryza set up, some dacryo-cystitis, and suppuration of the cornea followed. Blindness resulted. She refused to pay the fee agreed upon, claiming that I had not secured the result that I had promised. I sued for the bill. The judge first surprised me by ruling that I had given her a guarantee to make her see (notwithstanding my testimony and that of the son), and then surprised me still more by ruling that I had carried out my promise by the glimpse she had secured during the few minutes between the operation and the bandaging up of her eyes, and that I had not promised to keep her this sight any definite length of time. Under this ruling the verdict was in my favor.

In another case I was not so fortunate. This was a young man, over twenty years of age, who had been burnt badly by the explosion of a flask of molten brass. Sympathetic irritation led me to enucleate the injured and blind eye. They were poor people, and later I accepted a small fee in payment for my ser-

vices, with the proviso that in case they secured any considerable damages from a suit that they were about to bring I was to get a larger (the regular) fee, which was agreed to. But in the meantime the boy had come of age. They secured fifteen hundred dollars on a compromise, without coming to trial. They then refused to carry out the agreement, and I attached the money not yet paid over, and sued for the difference between the paid and the agreed fees. The lower court decided in my favor, but on appeal their attorney plead that agreements made by the parents before the boy was of age were of course binding, but that agreements made by them after he became of age, even if they were accustomed to attend to his business, were not binding without a specific agreement with the boy, and the judge ruled accordingly. My attorney was generous, but his fee and the costs formed a sum large enough to emphasize the point that it is good policy when you are agreeing to get a sum of money to find out who is to pay it.

A colleague some years ago brought a rather interesting suit. A clinic patient with a quite complicated case of compound astigmatism proved on investigation to be well to do, and engaged with his father in a good business. The clinician sued for twenty-five dollars for services. The defense was that it was a charity clinic; and, moreover, that the charge was exorbitant in any case. Other physicians testified that the charge was proper and not unreasonable. Verdict in full for the physician.

A suit of this sort once in a while might go a long way toward solving the "clinic question," about which so much complaint is constantly heard. A knowledge that such a suit is likely to be brought at any time might keep many well-to-do people from imposing upon these charities.

Traumatic Cataract.—One case was that of a man charged in the United States Court with fraudulent application for pension. There was an opacity of the cornea, iris adherent to this, and chalky-like traumatic cataract. I testified that this was *old*, but on the crucial question as to whether this was ten or thirty years old, could not answer positively. On other than medical evidence it was proved that he had been hurt in a blacksmith shop long after the war.

Another case of traumatic cataract with posterior synechiae, and some apparent lacera-

tion of the iris, was claimed to have resulted from a flying link of broken chain. In reply they made strong intimations of syphilis, and that this was due to syphilitic iritis. I testified that this was apparently traumatic, presented no characteristic signs of being syphilitic (and that there were no such signs that were absolutely positive); but that he presented no systemic signs or traces of syphilis. The case was decided against him on other than medical evidence.

Pension Cases.—In making out affidavits in pension cases we are not only in the position of expert witnesses, but we have also somewhat of the functions of judge and jury. One general fact we must not overlook: these men, who were young men thirty-five to forty years ago, have now reached the age when they might naturally be expected to have many ocular affections that are common in old age. Thus these cases of cataract, and glaucoma, and senile eversion with epiphora, and pterygium, and senile alterations at the macula, and other affections that might be enumerated are affections of old age *per se*, and have no probable relation to any former experiences or hardships. It is the hardest thing often to convince these interested old men that because they have some affection it does not necessarily follow that it *must* come from some former affliction or hardship. They have the same chance of having these senile affections as any other old person—neither more nor less. And we should always clearly keep this in mind.

Congenital Cataract.—This was another case in which there was an effort (I think, however, unintentional) to deceive. The man had gone into a strange house by mistake and had been ejected with unnecessary violence. He brought suit for damages, alleging great injury to one of his eyes. He was sent to me for examination. I found a zonular cataract, much more marked in one eye than in the other. V. was poor, but he was perfectly honest about it, and referred me to a colleague who had treated him several years ago. On referring to his book we found exactly the same condition set down at that time. The case for substantial damages, of course, fell through, but as the defendant had been somewhat the aggressor, the jury awarded the plaintiff a verdict of five dollars damages—apparently for no other purpose than to throw the costs upon the defendant, who was well able to pay them.

Street-Car Cases.—One was in a young lady who was thrown violently against the side of the car in swinging around a curve. She complained of headaches and trouble in using the eyes, with occasional temporary and slight diplopia. On examination she was found to be myopic to a moderate degree, and to have pronounced insufficiency of the interni. On testifying to this effect her case fell through, but she seemed to have so little resentment that she came soon after and was fitted with combined concaves and prisms. It is interesting to note that her asthenopic symptoms mostly subsided.

Another case was in a man who had been in a car caught in the gate of a railroad crossing. No one was really hurt, but in the scramble he had been trodden upon, and he claimed that his eye had been bruised. All that I could find was a slightly inflamed chalazion. I testified to this effect, and that I doubted whether it was a result of this accident. Then the attorney forced the admission that it had existed before the accident (but smaller). It seemed as if his case would fall through, but the jury furnished a surprise by giving him a verdict for nominal damages in small amount, and against the railroad company, who were co-defendants. As this case was calling attention to a bad crossing, they paid the small sum, and did not fight the case further.

Rupture of the Sclera.—Two cases of this sort I reported last week among some injuries of the eye. Both of the cases resulted in law suits.

One, the young girl, sued the city of Covington, Ky. It was claimed that the area being paved was not properly marked with a red lantern. I testified that the resulting damage was not extreme, she seeing $\frac{3}{8}$ with + 6.00 cyl. axis 60°; but that this might further deteriorate. She got a verdict of fifteen hundred dollars.

In the case of the man there was no question but that he was permanently blind, and he sued the city of Cincinnati. But it was proven that he had no call and no right to be passing down the stairway on which he was hurt, and his suit was thus defeated upon purely legal grounds.

Another case of this sort once afforded an opportunity for expert testimony to determine the probable character of the weapon used. It was a criminal case in which it was desired to prove which of the two weapons

known to have been used by two of the assailants had caused the wound in the girl's case. I found a cut on the eyebrow, a rupture of the sclera at the upper corneal border, and a cut on the lower orbital margin. As these exactly coincided with the three adjacent projections on the pair of brass knuckles I testified that this was almost positively the weapon used, and this was afterwards proven by other evidence.

Ophthalmoplegia.—This case is interesting, as it represents what would be the ideal way of giving expert evidence if it could always be adopted. The young man was a railroad fireman, and was badly hurt in a wreck. His life was despaired of at first, and when it was seen that he would recover it was found that there was fixed paralysis of the third and fourth nerves of one eye. There was persistent diplopia, that after months he did not suppress. There seemed no prospect of recovering any really practical use of the eyes. I knew both his attorney and that of the railroad company, and I suggested to them that I make an examination at their joint expense, and submit to each a written copy of my report, which would form the basis of my testimony if called upon the stand. This was agreed to. Acting upon this statement of his condition, and the probable outcome, the two made a mutually satisfactory compromise, and he was given a liberal sum of money. He went to a small town and opened a little shop of some kind (tobacco, I think), and at last accounts was getting along very nicely.

This seems an admirable solution of the vexed expert witness question. If a witness would insist upon having an expert fee, made up equally by the two sides, and paid in advance, and would then submit a written copy of his findings and his evidence to each side, his position ought to be as near that which is desirable as it seems possible to make it under human conditions.

No. 10 W. Seventh Street.

ACADEMY OF MEDICINE OF CINCINNATI.—Monday evening, May 7, Dr. John E. Greiwe will read a paper on the "Pathology of Tuberculosis;" Dr. Brooks F. Beebe, "Physical Signs of Tuberculosis;" Dr. Joseph Eichberg, "Home Treatment of the Consumptive."

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,
EDITOR AND PUBLISHER.

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317 W. Seventh St., Cincinnati, O.

CINCINNATI, MAY 5, 1900.

Editorial.

A DAY OFF AND ON.

Thursday, April 27, was ideal, temperature delightful and sky of deepest blue. Vegetation in all of its forms was budding and swelling in response to the genial rays of the great light producer.

An early morning ride landed the writer at the town of Liberty, the county seat of Union County, Indiana. A full delegation of the local profession was present to welcome the incoming members of the Union District Medical Society. Friendly expressions and cordial greetings, with smiles of gladness, wreathed the assembly. Not a single moment was wasted. Warm-hearted handshakes carried the company along for a couple of hundred yards to the Court House, which is a beautiful, imposing structure, guarded by heavy artillery guns. Were then guided upstairs to a court-room that was clean, light and cheerful. Within fifteen minutes from time of train arrival Dr. Garrett Pigman let the gavel fall that called the society to order. A roll

call was followed by an announcement from Dr. Morris, of the Committee of Arrangements, stating that the ladies of the Presbyterian Church would be prepared to receive the society at their place of worship during the noon recess of the society.

This announcement was succeeded by a very entertaining paper read by Dr. Mark Millikin, of Hamilton, entitled "Doctors' Complaints." Dr. Mark is a worthy son of his father, Dr. Dan Millikin. Members of the Union District Medical Society all know this relationship, and it may be safely predicted that the time is not far hence when the name of the son will be as professionally familiar as that of the father, which is saying a whole lot. The paper was sociological in character, and developed a discussion that was full of interest. The author was inclined to be pessimistic in views expressed, to an extent that was not fully endorsed by many of those present. The paper had a good effect, as it developed a splendid discussion.

Dr. J. C. Sexton, of Rushville, read a brief paper on fibroids of the uterus, which so soon as concluded was followed by Dr. Morris with a statement about the ladies being in readiness to receive their guests, the members of the Union District Medical Society. Recess was at once taken, and taken as promptly as though the call were an emergency one. The church was not far from the Court House, time from one to the other, going, just three minutes; returning, a little bit longer. The church as a building seemed to be about as perfect and well adapted to its purposes as architectural skill could make it. Once inside, with a comprehensive glance at the appointments, real comforts were shown in every nook and

corner, giving an impression of a perfect church home, which seemed to permeate everything and everybody. There seemed to be nothing stilted or impregnated with asceticism. The esthetic and utilitarian were so harmoniously blended that it was utterly impossible to tell where one began or the other terminated. The building is a genuine church home, where everything is good enough to use and occupy any day in the year. The instant of entrance there was imparted to the visitor a sensation of genuine reverence, mingled with a gloria that made men and women better for being there. The second floor of the sabbath-school room was exquisite, and fragrant with flowers on every table, each table accommodating eight guests, and set for a feast. As seats were taken Dr. Morris welcomed the guests. Dr. Dan Millikin responded, and then the grace and blessing of the Almighty was pronounced by the local Methodist minister. The ladies themselves were most gracious waiters, and the informal lunch developed into a real course banquet. It was indeed good to be there. There was a sure-enough feast of reason and flow of soul. The ladies, in speeding their parting guests, held out for each a fragrant Havana.

Slowly the members of the Union District wended their way back to the Court House, where the President was on duty with his gavel, and before all were seated rapped to order, and the discussion of Dr. Sexton's paper began.

"Tuberculosis in Children," by Dr. W. E. Risinger, philosophically expressed the experience of the author, to which he appended an excellent *résumé* of the most recent current literature on the subject. This paper will appear in an early issue of the LANCET-CLINIC.

The session was terminated with a paper on "Cerebro-Spinal Meningitis," by Dr. Moffatt, of Rushville. At the close of the reading it was time to go to the train, and thus ended a delightful day, that was filled full to the very brim and running over with Hoosier hospitality.

This is a little bit of a narrative having for its purpose a showing of the good that is possible in county and country district medical societies. Every such meeting is an oasis in the routine of professional life. Such spots are evergreens, each one a distinct mark indicating to the world a brotherhood that is an actual professional kinship, with ties that are lasting and unseverable.

Looking over and scanning the men who constitute the Union District Medical Society, a great multitude of thoughts tumbled over each other, every one of which responded with echoes of pride in being numbered as among and of them. Every one a live and up-to-date man, familiar with the newest and best in his profession. In all that company there was not visible a single professional slouch. The ladies—God bless the women who honor these men with their confidence!—were a very potential factor in contributing to the success of the society meeting, and that church of the living God, Presbyterian in name but Pan in religion, with a courtly and scholarly Methodist clergymen assisting in the hospitable offering, completed a grand ensemble, a contemplation and memory of which fills and thrills the soul with a harmonious relish for life and all of its beatific beatitudes.

Moral: If you belong to a county or country district medical society you are one of the elect. If you do not belong to one, call upon your nearest or most congenial professional neighbor

and one more, create an organization, write a paper, read and discuss it with the other two, and then send it to the LANCET-CLINIC, or any other good medical journal, for publication. Let your light shine; you have as good a right to a place on the beach as any other pebble.

OHIO STATE MEDICAL SOCIETY.

The fifty-fifth annual meeting will be held in Columbus, May 9, 10 and 11, 1900. Meetings and exhibits at the Y. M. C. A. Auditorium. Following is the programme:

WEDNESDAY AFTERNOON—1:30 P.M.

Prayer. Rev. Washington Gladden.
Address of Welcome. Hon. Joseph H. Outhwaite.
Response. President Rufus B. Hall.
Report of Committee of Arrangements.
Business which requires early attention.
Appointment of Nominating Committee.
A Plea for the Earlier Use of the Obstetrical Forceps. J. M. Fassig, M.D., Zanesville.
Puerperal Eclampsia: Its Cause and Treatment. John E. Sylvester, M.D., Wellston.
Subphrenic Abscess Following Appendicitis. J. F. Baldwin, M.D., Columbus. Discussion opened by A. H. Freiberg, M.D., Cincinnati.
Inguinal Colostomy. John C. Oliver, M.D., Cincinnati.
The Value of a Healthy Throat. W. W. Pennell, M.D., Fredericktown.
Tonsillar Obstruction in the Fauces and Pharynx. A. W. Francis, M.D., Ripley.
The Infectiousness of Follicular Tonsillitis. Charles A. Hough, M.D., Lebanon.
Eye Strain. Louis Stricker, M.D., Cincinnati.
Perforation Wounds of the Eyeball. C. W. Tangemann, M.D., Cincinnati.
The Differential Diagnosis and Treatment of Metatarsalgia. A. H. Freiberg, M.D., Cincinnati.

WEDNESDAY EVENING.

Reception to members and visiting ladies, by Dr. G. A. Doren, at the Ohio Institution for Feeble-Minded Youth, West Broad Street,

THURSDAY MORNING—9 A.M.

Cerebro-Spinal Meningitis. C. J. Aldrich, M.D., Cleveland.
The Treatment of Consumptives at Home. Joseph Eichberg, M.D., Cincinnati.
The Oro-Pharyngeal Ring of Lymphadenoid Tissue. Thomas Hubbard, M.D., Toledo.
Sudden Deaths. Louis Schwab, M.D., Cincinnati.

Three Laparotomies for Gunshot Wounds. E. W. Walker, M.D., Cincinnati.
Operations Upon the Biliary Passages. Dudley P. Allen, M.D., Cleveland.

The Medical Treatment of Gallstones. E. S. Stevens, M.D., Lebanon.

Alcohol: Its Place. R. T. Trimble, M.D., New Vienna.

The Value of Posture in the Treatment of Rectal Disease. Thomas Charles Martin, M.D., Cleveland.

Report of Some Operations on the Intestines. Chas. S. Hamilton, M.D., Columbus.

THURSDAY AFTERNOON—1:30 P.M.

Executive Session.
Report of Treasurer and Librarian.
Report of Secretary.
Reports of Standing Committees: Executive, Admission and Medical Societies, Finance, Publication, Legislation, Ethics, Growth and Prosperity, National Legislation.
Reports of Special Committees.
Election of Officers.
Selection of Place of Meeting.
Election of Delegates.
Annual Address. Rufus B. Hall, M.D., President.

The Diagnosis of the Position of the Fetus in Utero by External Examination. E. Gustav Zinke, M.D., Cincinnati.

Pleurisy in Childhood. T. W. Rankin, M.D., Columbus.

Pyloric Stenosis Without Dilatation. N. Stone Scott, M.D., Cleveland.

Address in Medicine. Walter Wyman, M.D., Surgeon-General U. S. Marine Hospital Service, Washington, D. C.

THURSDAY EVENING—8 P.M.

Address in Surgery: Compound Fractures, N. Senn, M.D., Chicago, Illinois.
Annual Banquet, Great Southern Hotel.

FRIDAY MORNING—9 A.M.

Nasal Polypi in the Naso-Pharynx. John M. Ingersoll, M.D., Cleveland.

The Fraenkel Treatment of Locomotor Ataxia. D. I. Wolfstein, M.D., Cincinnati.

The Physician in Municipal Reform. D. R. Silver, M.D., Sidney.

Diseases Recorded in the New Testament, which Christ Healed. D. N. Kinsman, M.D., Columbus.

The Treatment of Ulcers of the Leg. S. S. Halderman, M.D., Portsmouth.

The Surgical Treatment of Hemorrhage Occurring in Ulcers of the Stomach and Duodenum. R. J. Wenner, M.D., Cleveland.
Hip Joint Amputation. W. D. Hamilton, M.D., Columbus.

Pelvic Suppuration. F. F. Lawrence, M.D., Columbus.

Atypical Cases of Appendicitis. W. J. Means, M.D., Columbus.

Round Ligament Ventro-Suspension of the Uterus. A New Method. D. Tod Gilliam, M.D., Columbus.

Asepsis in Obstetric Practice. J. N. Barnhill, M.D., Columbus.

Book Reviews.

Essentials of Surgery. Arranged in the form of Questions and Answers. Prepared Especially for Students of Medicine. By EDWARD MARTIN, A.M., M.D., Clinical Professor of Genito-Urinary Diseases in the University of Pennsylvania. Illustrated. Seventh edition, revised and enlarged. Saunders' Question Compend, No. 2. Price, \$1.00 net.

Essentials of Diagnosis. Arranged in the form of Questions and Answers. Prepared Especially for Students of Medicine. By SOLOMON SOLIS-COHEN, M.D., Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic; and AUGUSTUS A. ESHNER, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Illustrated. Second edition, revised and enlarged. Saunders' Question Compend, No. 17. Price, \$1.00 net. Philadelphia: W. B. Saunders, 925 Walnut St. 1900.

The preface to the latter book is significant: "This book is intended to meet a popular demand. While the endeavor has been to make it reliable and helpful, the student is advised not to depend upon it to the exclusion of standard and more elaborate works." Which would seem to indicate that the authors were really aware that many students do rely almost entirely upon what is getting rapidly to be a pernicious medical literature. It is almost impossible to-day to inspect the library of any medical student without finding from one to a half-dozen of these quiz-compend. In the "Essentials of Surgery," the author states: "Third-year men who attend six lectures and two clinics daily have no time for reading, no time for systematizing their knowledge on any one subject;" if this is so, though the writer does not admit it for a moment, the course of study should be still further lengthened, and not an attempt made to fill a brain with a mass of stuff which it is incapable of assimilating. In the prefaces of all these compends the authors, for the most part men of distinction, have constantly endeavored to excuse themselves; if they believe these books of value to the student their connection with them needs no defense. But they know, as does every teacher of medicine, that the students who do the best

work, not only in daily classes but in the examinations, the ones that show the widest knowledge, are the ones who eschew these short cuts to learning entirely.

As to the matter in the books themselves, it is for the most part reliable; though as each subject has of necessity to be treated tersely, but one view can be given, even when many opinions are held by different "authorities." It is perhaps useless to protest against these compends. The publishers will continue to issue them as long as they are salable, and they will meet with a ready sale as long as medical education is conducted as it now is. M. A. B.

A Hand-Book for Nurses. By J. K. WATSON, M.D. Edin., Late House-Surgeon, Essex and Colchester Hospital. American edition under the supervision of A. A. STEVENS, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania. Philadelphia: W. B. Saunders, 925 Walnut St. 1900.

It is an open question just how much knowledge of medical topics a trained nurse should know, some arguing that it interferes with her training to be incompletely able to usurp the rôle of the physician, others that it increases her efficiency to possess some theoretical knowledge of the diseases she is nursing. Evidently the author of the present work is an adherent of the system, as but one chapter is devoted to nursing *per se*. The book is divided into three sections, the first dealing with anatomy and physiology; the second particularly with the management of surgical cases, operations and surgical diseases; the third particularly with the specific fevers, medical diseases proper, and the management of gynecological cases; all treated of in a clear and concise way that makes the reading of especial value to beginners. M. A. B.

Earache.

Take five parts of camphorated chloral, thirty parts of glycerin, and ten parts of the oil of almonds, saturate a piece of cotton with this and apply into a painful ear, and it will give relief.—*Canada Med. Record.*

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WHOLE VOLUME LXXXIII.

Original Articles.

SENSORY NERVES OF THE GENITALS.

BY BYRON ROBINSON, B.S., M.D.,
CHICAGO, ILL.

The vulva and introitus vaginae are highly supplied by sensory nerves. The ileo-inguinal nerve supplies the region of the mons pubis and inguinal canal. The ileo-hypogastric, the internal pudic and inferior pudendal supply a rich network to the vulva and perineum, labia minora and clitoris, urethra and hymen. The above parts suffer pain from wounds, as in trauma of parturition, coition and infection. They suffer from contractile pain, as in vaginismus, which is a disease of nervous state and is cured by gradual dilatation. It appears that an exaltation of sensation in the introitus vaginae is congenital with many subjects. They are afflicted by pain from inflammation, vulvitis, Bartholinitis, and from excoriation by secretions. Neuralgic pain arises in herpes vulvae from afflictions of the ileo-inguinal, external spermatic, pudendus communis and inferior pudendal. Also hysterical pain from vaginismus and other unexplainable conditions.

The vagina contains many sensory nerves, especially at its orifice. The branches of the sympathetic nerve, hypogastric plexus, end in the unstriped muscular vaginal wall and its vessels. Nerves end in the vaginal epithelium also, as end bulbs or genital corpuscles in the areas of sexual excitement, and the vaginal orifice and rugae. The vagina is generally considered as slightly sensitive. But the experienced gynecologist frequently recognizes hyperesthesia of the sensory vaginal nerves in both multiparae and nulli-

paraë, especially in subjects with a narrow vaginae. However, the vault of the vagina is not very sensitive, as may be noted from the tolerance of pessaries; yet dull pain may arise from a traumatizing agent. The vagina is supplied by the sensory nerve fibres from the perineal and middle hemorrhoidal nerves, and sensory fibres from the same nerves supplying the urethra and anus, holding the urethra, vagina, perineum and anus in definite sensory relations. The irritation of one brings all the others into physiological and protective relations. Contractile pain in the vagina is observed in delayed labor and in coitus captivus. The pressure felt by the finger in the contracting vagina is due to the grasp of the levator ani muscle. Some nerves terminate in end bulbs in the erecto-turgescient tissue of the vagina, as the columna vaginales and rugae vaginales, as exalted sensitiveness at the orificium vaginae appears normal in some women. In monkeys irritation of the second and third sacral nerves produces contraction of the vaginal sphincter, and in the brain there lies a centre which, being irritated, causes vaginal contractions. This centre is in close proximity to the anal centre. Also a cerebral centre, as is proved in cats and dogs. The genito-urinary centre influences the vagina and its circulation. Ganglionic cells occur along the course of the vaginal nerves. The vaginal nerve supply, motor and sensory, increases from proximal to distal end, being greater at the distal. The vaginal sensory nerves are chiefly located at the anterior and posterior commissures. The so-called neuralgia and neuroses of the ovary should be suspected as stigmata of hysteria or hyperesthesia of the periphery of the ileo-hypogastric or ileo-inguinal nerves. This

is explained on anatomical grounds, for organs dominated by the sympathetic nerve do not manifest painful sensations. Venous congestion may exacerbate the ovarian pain. What gynecologist has not observed a prolapsed ovary the pain of which did not rest on the abnormal position or peritoneal adhesions, for after its removal the patient would complain more than before the castration? Also a diseased ovary may have a disease in the skin corresponding to the segment of the ovary. In other words, the viscera have their corresponding segments of skin periphery, and disturbances in one affect the other. In general, pressure on the ovary may cause similar complex symptoms in various parts of the body.

The cervix is supplied by numerous strands of the hypogastric plexus. Close to the lateral walls lie two ganglia—the pelvic brain, whose business it is to demedullate the nerves before they enter the cervix. The third and fourth sacral nerves also supply the cervix, especially perhaps with sensory fibres. Much has been written in regard to cervical pain and reflexes, and much abuse of operations has been assumed. The cervix contains few sensory nerves, and is, hence, not very sensitive. It is painful in birth, particularly the first, but that is perhaps contractile pain. As proof, if the cervix be torn or incised during labor the pain ceases, *i.e.*, no more contractile pain arises. Applying the traction forceps to the cervix is generally painful, as well as passing the sound through its internal os. In inflammation the cervix plays a significant rôle. The inflamed, erected and exposed cervical mucosa is extremely sensitive. It produces a dull pain in the pelvis, which is increased by numerous degenerations. Over-filled mucous cysts, erosions and chronic catarrh induce deep pelvis pain and dragging sensations. Polypus of the cervix creates pain, as on their removal the old pain ceases. This may be either neuralgic or contractile. Hyperesthesia of the cervix or hysteric pain may occur, as reported by Dr. Lomer, and Rosenthal reported two cases in which, by irritating the cervix, hysterical at-

tacks could be started. The requirement of an operation upon the nerves in a cervical cicatrix is rare and improbable. The operation is required to cure the endometritis, to repair the cervical rent, and to check progressive infection.

The uterus (body) adds a new factor to the cervix in regard to pain in its peritoneal covering. The uterus is not very sensitive, as is shown by sound perforation and uterus rupture. The separation of the placenta leaves a large denudation with but little, if any, pain. The uterus is supplied chiefly by sympathetic nerves. The introduction of the hand to deliver the placenta is always painful, but that is dilatation and contraction pain. Carbolic acid destruction after curettage leaves little pain. Contractile pain arises when the uterus attempts to expel its contents, *e.g.*, labor abortion, forcing out polypi or any contents through the narrow os. It is a dull, dragging pain. The endometrium is perhaps the most sensitive portion to touch of the tractus genitalis. The introduction of a sound will induce purely contractile pain, because if a sound be passed through a patulous os no pain arises. It is probable that the corporeal endometrium is quite non-sensitive, and the pain observed, *e.g.*, on the introduction of a sound, is purely of the contractile variety. Dysmenorrhea is contractile pain (uterine) induced by irritation of the myometrium through engorged blood-vessels attempting to expand in the cicatricial beds. Also multiparæ have after-pains because they suffer from myometritis more than nulliparæ. Doubtless the pains of the first month of pregnancy are contractile, when the uterine contents grow too rapid for the uterine expansion. The myometrium is put on a tension, inducing pain. Such cases suffer from vomiting and hysterical manifestation. The case is severe if the uterus be hindered in expansion by inflaming bands or exudates. In inflammatory pain the case is complicated by peritonitis, and it is not easy to differentiate the contractile and inflammatory pain when mixed. In inflammatory pain the uterus frequently suffers in a localized region.

One can feel the exudate localized at that point, and one experienced in pelvic massage quickly detects it. Chronic myometritis gives dull pain. In parametritis and perimetritis the pains are exacerbated by the peritonitis.

The urethra is supplied by the pelvic branch of the middle hemorrhoidal nerve, and thus showing the close relation of the urethra and rectum. Operations on the rectum (anus and perineum) frequently induce temporary inability to urinate. The urethra is a sensitive organ. Perhaps catheterism is never accomplished without a disagreeable sensation or pain. However, generally the patient cannot tell the exact location of the pain, whether it radiates from the vagina or urethra. Catheterism generally produces solution of continuity in the urethral mucosa, which becomes manifest on subsequent urination. The chief pain from catheterization is due to spastic contraction of the urethral sphincter—tenesmus. Catheterization should be performed by sight and not by touch, on account of liability from infection. Dilatation of the urethra to the size of the little finger should be performed under narcosis; it produces many lacerations, which generally heal spontaneously and painlessly.

Injuries to the bladder cause no pain; it is chiefly supplied by the sympathetic nerve. Traumatic pressure on the bladder by the head pressing may produce necrosis with little or no pain. Stone may exist in the bladder for years without a knowledge of its existence. Should inflammation arise pain accompanies it of the most depressing nature. An over-filled bladder causes pain in the region of the urethral sphincter. It is well to remember that so-called "irritable bladder" may be only one of the stigmata of hysteria, *i.e.*, a form of hyperesthesia. Neuralgia is only another name for hyperesthesia.

The oviducts are chiefly supplied by the sympathetic nerves, *viz.*, the ovarian plexus and the plexus uterinus, and the last plexus contains spinal nerves also. The normal oviduct is non-sensitive, like the intestine. The rupture of the gravid oviduct is frequently accom-

panied with no pain; especially is it demonstrable when the rupture is extra-peritoneal. Pain may arise from oviductal peristalsis when the placenta or fetus is not entirely expelled from its lumen, or when the hemorrhage between the ligamentum latum is traumatizing the peritoneum by tension.

The ovary is supplied chiefly by the sympathetic nerve and the ovarian plexus. The rupture of a mature ovarian follicle is a trauma, but normally painless; normally it is non-sensitive. Considerable pressure on the ovary produces nausea and faintness, and ligation of its pedicle produces shock. In inflammation about the ovary it is difficult for the patient to localize the pain, because the adjacent peritoneum and organs are involved. It is probable that the chief pain referred to the ovary is due to accompanying adjacent peritonitis, or to hyperesthesia in the groin.

Treatment of a Common Cold.

Frank Woodbury thinks that the "neurotic element" in a common cold has been too largely ignored in the plans of treatment usually followed. With the view of acting directly on this neurotic element he has for the last two years used the following combination: Pulv. morphinæ comp., gr. xx.; acetanilidi, gr. vi.; sodii bromidi, gr. x. This is divided into twelve capsules, of which one is taken every half-hour for two hours, then one every two hours. The writer has found that this will usually break up a cold in a few hours.—*N. Y. Med. Record.*

Insanity and the Turkish Bath.

Charles H. Shepard thinks that among the constitutional agencies in the treatment of the insane the bath should stand high, and that of all baths the Turkish bath is pre-eminent. The author says that while few asylums in this country have Turkish baths, much has been done in this way in Great Britain and Ireland to the great improvement in the statistics of cures, and also in the death rate.—*N. Y. Med. Record.*

THE NEW MEDICAL LAW, ETC.*

BY N. P. DANDRIDGE, M.D.,
CINCINNATI.

The thought which is doubtless uppermost in the minds of all of you who have come together to-night—old friends and new—to celebrate this annual commencement of the Miami Medical College, is the absence of one who, from the very inception of the college, was always a conspicuous and honored figure in the work of this institution, and whose presence until now was never wanting on such public occasions as this to show his faith in the strength and efficiency of the school he had worked for so long. This presence was an inspiration to student, alumni, and faculty alike. It is, then, but proper and fitting that we commence our exercises by a tribute of respect and affection for Dr. John A. Murphy, whose life was so largely spent in earnest effort for the college, and whose recent death fills us all with so deep a sorrow.

Dr. Murphy was one of the founders and incorporators of the college, and is the last of that band of men who formed the first faculty in 1852. This band contained the names of conspicuous men—R. D. Mussey, Jesse P. Judkins, C. L. Avery, John Davis, John F. White, George Mendenhall, John A. Murphy, C. G. Comegys, and John Locke, Jr.

Dr. Murphy was conspicuous from the first by his active interest in the college and his aggressive efforts for its prosperity. He first occupied the chair of Materia Medica, and later became Professor of Theory and Practice; and there it was that his keen insight into human nature and his strong common sense found a fitting opportunity for leaving an impression upon a long line of students which time has never weakened, and his apt and forcible illustrations are still quoted, fresh as from the impressions of yesterday. For many years he was Dean, and actively guided the destinies of the college, and for more than forty years the history of

the college, and his own history, were inseparably blended one with the other.

It is hardly necessary for me to recall, to those of you who have listened to him in years gone by, his effective manner as a lecturer, his ability as an impressive teacher, his strong personality as a man, or his incisive, practical wisdom as a counsellor and adviser. It was this strong individual personality, the impression he made by personal contact, which was the chief factor in his success as a teacher and practitioner. Wide as his professional attainments were, his personal power over patient and student alike exercised the wider and more profound influence. As the chosen adviser he demanded the right to guide and direct, and would tolerate no opposition to what he considered his rightful authority.

Not always gentle in expostulation, he was logical, direct, and never uncertain in his meaning. The impression he left was that he knew his own mind and had no hesitation in expressing it, even though a personal application was necessary to enforce his meaning and his purpose.

With his strong convictions, founded in an uncompromising sincerity of character, it was inevitable that he should hesitate to accept, and should question the correctness of, new views and ideas which came in conflict with those he had taught and maintained; and, questioning their correctness, it was equally certain that he would set forth his own views with a rugged strength of expression which did not always deal tenderly with the feelings of those who stood up in opposing contention.

"He loved a foeman worthy of his steel," and could pay him no greater compliment than by testing the strength of his armor by the weight of his blows.

But beneath it all there was a tender, true and loyal heart, and I have seen the tears come to his eyes, and have listened to his quivering voice, when he learned that sickness and trial and trouble had come to those whom he had taken into his affections.

We will hear him no more from the teacher's chair, but the words he has spoken will still live for us in the time

* Remarks of the Dean at the Commencement Exercises of the Miami Medical College, May 1, 1900.

to come, and aid us in the future as they have done in the past, when we find ourselves in need of counsel and enlightenment in the presence of embarrassment and perplexity.

We will see him no more in social, and professional, and public gatherings, but the voice which has so often cheered and guided us will still ring true to lead us in the way of the right and the noble.

We will feel no more the pressure of his hand, but the memory of that strong and kindly touch will still bring forth responsive strains from our heart strings, and the example of his life will still guide us and inspire us as we tread the pathway which still lies before us.

* * *

The past year has been a satisfactory and successful one for the college. The present graduating class is larger than any we have had for several years, and the total number of students has been considerably greater than for more than a decade. The students who have come to us from other colleges give a gratifying assurance that the reputation of the college for thorough work is constantly spreading, and justifies our assertion that we offer those who come to our care the fullest opportunity for a medical education.

The change from a three year to a four year course brought with it certain expected and some unforeseen embarrassments and disorder. The number of students was materially diminished, and the adoption of higher standards and a longer course made some clashing and overlapping inevitable. All this has been happily adjusted, and the prospects for continued prosperity seem altogether encouraging. The adoption of a longer course, and of a larger and more advanced curriculum, instead of diminishing, has notably increased the number of our students, and has undoubtedly brought to us men much better prepared than formerly for medical study.

The last winter has been a notable one in medical legislation in the State. After persistent and strenuous effort for many years we have succeeded in having a law put upon the statute-books, which places Ohio on a par with

the most advanced States about her, and she is now no longer in the unfortunate position of being obliged to receive those who have been refused as unworthy by the examining boards of her neighbors. The passage of this law was only secured after a prolonged and vigorous campaign of education and enlightenment addressed to the medical profession as well as to the public at large. And for the credit of all the medical schools and active teaching bodies of the State, it should be generally known that, without exception, they brought all their influence to bear to secure the necessary legislation. Without exception, Homeopath, Allopath, Eclectic and Physio-Medic united in urging the necessity of one common standard for a license to practice medicine in the State of Ohio, and that standard to be an examination by the State Board of Medical Examination and Registration.

The prosecution of the preliminary work looking to this end brought to all of those actively engaged in it most valuable experience.

It was recognized by all that however much the different medical schools and systems might differ among themselves in the theory and practice of physic, their obligations and relations were the same to the State and the community, and that it was for the interest of all that those in the future who should have the right to exhibit the degree of Doctor of Medicine, and so proclaim themselves as ready and qualified to treat the diseases of their fellow-citizens, should have not only the four years' training of the medical schools, but that they should one and all submit to the further test of a rigid examination held by the State itself.

The State, for the first time, asserts her right and intention to supervise and test the proper working of the schools that train her doctors. In this work there has been entire unanimity and coöperation among the medical teaching bodies and organizations of the State, who have all united in the elaboration of a proper law and have contributed to the persistent and laborious effort necessary to secure its final enactment.

The final decision, therefore, in determining the standard of knowledge necessary for the assumption of M.D., or Doctor of Medicine, rests now, not with the teaching bodies themselves, but with the State, and she will now determine each one's fitness to care for the lives of her citizens through a board of her own creation. And so the work of many years has at last been consummated.

The medical law as it now stands requires, first, that before a man can enroll himself as a student of a medical college he must show that he possesses a certain amount of general education, either by presenting a certificate of attendance on high school, college or university, or by passing an examination on the subjects of a general education. This preliminary examination will be held by the appointees of the State Medical Board of Registration and Examination in Cincinnati, Columbus, Cleveland and Toledo, on the same date, and in these different places the questions shall be the same for all. Medical students in the future will all have to reach a certain standard of general education before they are considered fit to enter on their medical studies.

Second, the law requires that after July 1 of this year those desiring to practice medicine in the State of Ohio must undergo an examination by the State Board after they have received the diploma of a medical school which requires four years of study, and which demands for admission the certificate of preliminary education.

Without conforming to these conditions the college is not entitled to have its graduates recognized as eligible for the State examination, which leads alone to the license to practice.

A clause of the law exempts the present matriculates of all the Ohio colleges from this examination, and the examination will not be compulsory for our own graduates until 1904.

This exception was made necessary, unfortunately I think, by the united opposition of all the students enrolled in all the medical colleges of the State—some 1,300 in all.

The strength and effect of this union of students is an interesting and curious subject for study. Coming, as they do, from all parts of the State, it was found that they could control legislation, and such strength once recognized becomes a potent influence for good or evil whenever the organizing genius arises to direct and control it, for with all its generous impulses youth is not always judicious in the exercise of a new found power and strength.

Third, there has been introduced a reciprocity clause, which empowers the medical board to permit legal practitioners of other States to move to Ohio and enter upon the practice without examination, provided they hold the license of States with equally rigid requirements, and provided these States extend the same rights to Ohio licensees.

Finally, the law now requires that all those who desire to practice Osteopathy in the State must show by examination that they possess a sufficient knowledge of anatomy, physiology, chemistry and physical diagnosis. This last clause we all feel strengthens and rounds out the law. Ohio is the first State to require any sort of an examination for this new sect, which now presses forward for public recognition with such aggressive and blatant pretensions. The utter shallowness of these pretensions is fully set forth in the recent decision of one of the Kentucky courts. In Ohio our Supreme Court decided only a few months ago that under the law as it then stood those who practiced Osteopathy could not be disturbed, for they claimed not to practice medicine, as they used no internal agents in their method, but cured all forms of disease and injury by replacing displaced nerves and bones. Osteopathy makes no pretension to any supernatural power, but assumes to base its methods on a knowledge of anatomy. The State now asserts itself and demands that they show a knowledge of those subjects on which they claim their so-called system is founded. If they can show a knowledge and training in the four subjects above mentioned they can practice their "pathy" on all who choose to put their trust in them.

The Osteopaths were not alone in their claim for recognition; there were those who put their faith in baths and electricity as the only true basis for the healing art, or who claimed the power of exorcising disease by the power of suggestion, without grosser or more tangible means; all of these methods or systems, so-called, base their success on purely physical laws, a knowledge of which they claim to have obtained in some mysterious but unexplained way, and make no pretense to any supernatural agency. That there is undoubted efficacy in massage, in baths and electricity and suggestion has always been recognized, but their proper application must depend upon a knowledge of the laws of health and disease, which comes only with prolonged training.

The advocates for these pretended cure-all systems enforce their right of recognition by the repeated assertion—well founded, indeed, in the history of medicine—that true prophets and pioneers have often been treated with incredulity and supercilious disdain, and have had to overcome the power of prejudice and ignorance and selfish interest. Such, indeed, has often been the history of the past in the progress of time. Gallileo, and Harvey, and Jenner, and Lister, all preached their gospel to a doubting and scoffing world, which came at last to be the devout and fervent believer.

These advocates of potent pathies forget, however, to tell us that since the world began fraud and imposition has masqueraded in the garb of science and knowledge. They might have called our attention to the history of Mesmer, the great delusion of the seventeenth century, who for so long a time dominated the most cultured people of Europe, in Vienna and Paris, by his confidently asserted theories, only to be utterly discredited, and all his pretensions recognized to be unfounded.

They might have found something of interest and instruction in the career of Cagliostro, that arrant fraud of the eighteenth century, who, with his Egyptian lodges, and his elixir of life, gathered golden harvests from

Rome to St. Petersburg, from St. Petersburg to Paris, and then to London, most successful in the centres of intelligence and culture and wealth,—to die at last in a debtors' prison.

They might have called to mind Paracelsus, that curious combination of genius and learning and imposture, whose career of success, with innumerable followers, was ended in final utter failure.

But enough. Assumption and pretension and certain promise of success has always convinced many and secured a multitude of believers and disciples, and you who are now before me and about to leave us will to the end of your career find that you will have to contend with the innate credulity of mankind.

And now, sir, let me commend to you the class before us as worthy of the honor you are about to confer upon them, qualified as they are by years of study and persevering work to discharge their obligations as Doctors of Medicine.

LEMON juice and water, in the proportion of one to four, has a fairly hemostatic action, and may successfully be used to stop epistaxis. Lemon juice and glycerine, one part of the former to two of the latter, applied at night over the hands and forearms, will soften the skin and relieve the irritation due to the use of strong antiseptics employed in sterilizing the hands for operation.
—*International Journal of Surgery.*

MANY bad cases of head injury appear to end fatally, owing to failure of the respiratory centres. In these cases the proper treatment consists in the persistent use of artificial respiration, with alternate heat and cold to the chest and abdomen. These measures may tide the patient over a dangerous period and bring about an ultimate recovery.—*International Journal of Surgery.*

THE insomnia of heart disease is benefited by digitalis, strophanthus, strychnine and other cardiac tonics.—*Med. Summary.*

TREATMENT OF INTERNAL HEMORRHOIDS.

BY GEORGE J. MONROE, M.D.,
LOUISVILLE, KY.

Internal hemorrhoids proceed from the same causes and develop very much in the same way as the external do. As I have said before, internal hemorrhoids are covered with mucous membrane in contradistinction to the external, which are covered with skin. Internal piles are of a much more serious character than are the external, on account of their liability to bleed. We quite often have both internal and external in the same patient. If we do have both, they must each be treated to insure a cure. Some may have internal hemorrhoids for a long time and yet have no great amount of suffering from them. They hardly realize that they have them. While others may suffer severely from the very commencement. I have known patients to be unfitted for business or work from the very start.

When piles first begin to bleed the patient is greatly frightened and worried. They may become very nervous, melancholy, and hysteria may result. We have no bleeding before the hemorrhoids come down, and when a person finds a swelling which bleeds about the anus at the time of defecating he is alarmed. This bleeding sometimes is so profuse that the patient will faint, but if the tumors are pressed back into the rectum the bleeding almost invariably ceases. If hemorrhoids remain down any length of time they become swollen, inflamed and painful. A person cannot do anything with their piles down. I knew a lawyer once who had prolapsing piles. When he became interested in making a plea his piles would drop down and his plea would cease until they were replaced. Strangulated piles frequently slough. I have never known the entire tumor to slough off, however, from this cause. The patient should be very particular in replacing the hemorrhoids immediately after an action of the bowels. By doing this he will usually avoid strangulation.

I think the hemorrhage which takes place in piles is usually venous. I have seen cases where the blood spurted as it would from an artery, but upon close examination it was found to be from the veins. Pressure upon the vein causes this appearance.

In the weak and feeble and those who are anemic the loss of blood from piles is very exhausting and serious. Such patients have no blood to spare. In the full blooded, plethoric subject it may do but little harm; sometimes I have thought that it was even advantageous in these cases. We have what are called capillary hemorrhoids—that is, they appear to be formed by the surface veins—and sometimes bleed terribly. They look very much like a ripe strawberry, and are never very large. The venous variety are much more frequent and larger than the capillary.

It would be next to impossible to enumerate the great number of remedies and treatments that have been used at one time or another for the cure of piles. Many absolutely refuse to have any surgical means used for the cure of piles. In this class of cases palliative measures have to be used. Once in a great while we may cure by these simple means. If the tumors are small local applications, with medicines internally, occasionally do cure. We have to regulate the diet, the time for eating, sleeping, and particularly the time for defecation.

If the patient is in the habit of using alcoholic stimulants he will have to stop their use. We must try and obtain good digestion. I have several times seen an acute attack of hemorrhoids brought on by the patient getting drunk. If the piles are prolapsed and inflamed the patient had better go to bed and use soothing and emollient poultices. The ground flaxseed is excellent for this purpose. We may also use ointments advantageously. Give a good, active cathartic, or, what I find to be better, is calomel in one-grain doses every hour until ten are taken, this to be followed by one or two seidlitz powders. A good local ointment is the opium and tannin. A good cathartic is cream of tartar and sulphur, or the compound

liquorice powder. I have applied nitric acid with good results to the capillary tumors; I believe it should never be used for the venous variety.

It is generally during an acute attack that a patient applies to a surgeon for the relief of hemorrhoids. The tumors are down, inflamed and painful. This is a mistake, as treatment in this condition is much more painful than it would be if the tumors were not inflamed.

We have a number of surgical operations for the cure of hemorrhoids. The three best are the ligature, clamp and cautery, and hypodermic. Some preparation for these treatments are necessary. We should build up the general system, which is usually below par, both before and after the treatment. I have always found a few doses of sulphate of quinine excellent. I hardly understand why it acts so well, unless there may be malaria infecting the system.

Two days before the treatment I aim to empty the bowels. We may give compound liquorice powder, castor oil or cascara sagrada. If the patient be of full habit some of the saline mineral waters act like a charm. The night before the operation the laxative should be repeated. Two hours before operating the rectum and colon should be washed out with an enema of a quart of warm water. If we have to administer chloroform the patient should eat no solid food for breakfast. He may take a glass of milk and a cup of tea or coffee. By avoiding solid food the chloroform is not apt to produce nausea. In using nitric acid the surrounding parts should be well smeared with vaseline. When we think the acid has produced the desired effect we should stop its action by using a saturated solution of soda bicarbonate.

The ecraseur has been used by the French, and some in this country, but I know of no Americans who are now using it.

Crushing the tumors at one time had some advocates, but I believe its use has been discarded by the best rectal specialists.

Dilating the sphincter at one time

was declared to work wonders; evidently, it has cured some cases where the tumors have been small; when the piles are large it will not cure unless it may be in those cases where we have fissure in connection. Curing the fissure by divulsion sometimes cures the piles.

The ancients frequently resorted to cauterization of hemorrhoids with a red-hot iron. It has been used some in modern times, but I believe it is not used at all now. Galvanism to the extent of cauterizing several years ago was used to some extent, but it also has proved a failure. I have tried it, but not successfully.

The hypodermic injection method has received its full share of condemnation. It is a good method of treatment, and will cure in certain cases. I admit that a great amount of damage has been done by this method of treatment. Irresponsible parties have used it recklessly, not really knowing what they were doing, and by this recklessness have brought the treatment into disrepute. When the hypodermic treatment is properly used in selected cases it is absolutely a safe treatment, and certainly will cure. I have never known a well-authenticated death to have resulted from the treatment. Dr. Edmund Andrews, of Chicago, reported thirteen deaths from the treatment. I took particular pains a few years ago to trace up the cases he reported. Five of them I know did not die, but were living ten years after the report was made; I have almost conclusive evidence that the other eight did not. In fact, I am satisfied that there was no foundation for the report. I do not mean to say that such reports were not made to Dr. Andrews, for I know in the five cases which I traced that they were. It is not necessary that I enter into details. The only fault I find is that Dr. Andrews did not investigate more carefully before making and publishing the statement.

In small hemorrhoids, especially in the perineal form which we so often find in females, I do not believe there is a better treatment than the hypodermic. It can also be used successfully

in all tumors that are above the sphincter muscle—that is, those not grasped by the sphincter. The injection which I prefer is as follows:

Carbolic acid (Calvert's) { . . . 3j
saturated solution . . . }
Olive oil 3iij

M. by placing bottle in warm water.

Sig. Inject into each tumor from five to ten drops.

We may have a good deal of pain following the treatment, but what method of treatment that cures is devoid of pain? Sometimes the sloughing is more extensive than necessary. Abscess may form. Fistula may result; I have seen one case. Inflammation of the veins and blood poisoning are said to occur; I have never seen it. Heart clot, which was harped upon so much ten or fifteen years ago, I believe to be the veriest nonsense. That the cure is not permanent in selected cases is a mistake. That it will cure every case of hemorrhoids I do by no means claim. All the tumors had better be treated at one time. The preparation of the patient for this method of treatment is the same as for any other surgical method. Wash the anus well with soap and water, using absorbent cotton for the purpose. I never use a sponge. Disinfect your needle by boiling in hot water, or holding in carbolic acid. Pass your needle into the tumor some little distance from its base. Inject slowly as you withdraw the needle. The hemorrhoid will turn white as far as the carbolic acid reaches. When this takes place it is an indication that plenty has been used. If any portion of the tumor does not show this white appearance introduce the needle and inject more. We should be very careful not to inject anything but the hemorrhoid. When you withdraw the needle hold your finger over the opening for a few moments to prevent the fluid from escaping. After injecting all the tumors in this way smear them over with vaseline and press them up. The patient had better remain in the recumbent position for at least half an hour. He should then go to bed and remain the most of the time until the tumors slough off.

Allowing the patient to go about and attend to his business is all wrong. It is just as necessary that he remain quiet after this treatment as he should after any other.

Some prefer the weaker solutions of carbolic acid. I believe this is a mistake. If we do not use a solution strong enough to produce sloughing we are not apt to have a permanent cure. The weaker solutions will to some extent produce absorption of the hemorrhoids, but when we stop the treatment there is a liability for the tumors to enlarge again.

Inflammation may be controlled by hot flaxseed poultices, or hot water dressings. If the pain is severe we may give a fourth of a grain of sulphate of morphine every two hours until relieved, or we may inject into the rectum from thirty to sixty drops of tincture of opium in two tablespoonfuls of olive oil. This we may repeat every six or eight hours if needed.

Should ulceration, abscess, fistula, or anything of the kind occur, they should be treated the same as though resulting from any other cause.

But this paper is already long enough, so I will take up the various other methods of treatment of internal hemorrhoids in my next.

Room 30, Courier-Journal Building.

Epididymitis.

Dr. Christian (*Therapeutic Gazette*) says the testicle is first gently massaged with a small amount of a 20 per cent. guaiacol ointment made on lanoline. Some of this ointment is then spread on lint and applied over the affected testicle; the whole of the scrotum is enveloped in a layer of absorbent cotton, and over this is applied a snugly-fitting laced suspensory bandage. When the inflammation and pain have entirely subsided, and the testicle could be easily handled, the following ointment was used: Blue ointment, belladonna ointment, ichthyol and lanoline equal parts. Under this treatment the testicle was found in most cases to return to its normal condition in from two to three weeks.

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CINCINNATI, MAY 12, 1900.

Editorial.

STATE BOARD OF MEDICAL REGIS- TRATION AND EXAMINATION— FOURTH ANNUAL REPORT.

The State Board makes a very satisfactory report. Not the least of this satisfaction is derived from the showing of medical schools which have been declared as not in good standing, which makes the graduates of those schools ineligible for registration, a consequence of which is that young men and women purposing a study of medicine as a profession will do well to make inquiry as to the legal status of the colleges they think of entering, in order that there may be no question raised in regard to their own standing after graduation.

The Ohio Board stood firm in rejecting three-course students. All so-called spring and summer schools should next claim the attention of the Board. So far as known to the writer, these institutions give but fractional courses, usually beginning the first week in January and closing the last of June, which does not indicate six months of instruction. Such periods should come under the ban.

The new law, published in full in this issue, places the study of medicine and its practice on a very satisfactory footing. A natural result will be an elimination of bad material which may in the future apply for registration. The old non-graduates who were permitted to register under what is known as the ten years' practice act are passing away, and all graduates after the year 1904 will be obliged to stand an examination. Those graduates of other than Ohio colleges will have to undergo examination unless registered in a State having laws equal in requirements to the Ohio law. This will at once stop an influx of transients, and may in occasional instances be a hardship, but the common benefits of the law will be so great as to make a favorable balance for the Ohio profession.

The influence of the Ohio law will be very great outside of the State, and this influence will touch the colleges. The number of medical colleges now reported by the State Board as not being in good standing is almost startling. In most instances the trouble is to be located in failures to adopt the four-year standard at the designated time. Numbers of students were tolled away from Ohio colleges with promises of a diploma in three years. The young men listened to the siren song of the solicitor, went, obtained a diploma, but now find the college they went to is not recognized in Ohio as in good standing, and their diploma without value in the Buckeye State.

AMERICAN MEDICAL ASSOCIATION.

It is only three weeks until the American Medical Association will convene in Atlantic City. Great preparations have been made, and it is predicted that the meeting will be the

largest in the history of the Association. It will certainly be very large. The place of meeting is attractive. Hotels are numerous, and there is an ocean of water rightly temperatured for the occasion. Means of transportation are now so excellent and rates so low that there is little or no excuse for not going. There is afforded an outing that for the general practitioner of medicine is the best in the world. Congenial people, weather and water will be there. Those who are wavering should consult their wives, discuss the matter in strictest confidence, and then compromise by both going. It is a great thing for a physician's wife to be able once a year to enjoy an occasion of this sort. It is a pleasure to note the fact that there is an annual increase in the number of ladies who go to these meetings. Invariably they have a good time, go for that purpose, and then through some sort of a reflex action they make their husbands happier than ever for a whole year.

If there were no other side to these great annual gatherings than the social they would be profitable; but there is another side to be found in the more strictly professional work of a dozen scientific sections, that are not inferior in character to that exhibited in the congress that assembled in Washington last week. The American Medical Association is a great and unique institution. The man from the country cross roads is just as welcome as the one with the most elaborate scientific attainments. In other words, it is the great national organization where there are no barriers to professional citizenship. It is particularly the home of the general practitioner of the country.

Those who go from the West and Southwest will go in good company and be well cared for on the C. & O.

Railway. This line of travel is one of the best, and affords stop-over privileges in Washington. This is always a good thing to consider, whether you stop or not. It is a satisfaction to know that you can do so if you desire. Rates of fare are on the certificate plan, one and a third. The West and South ought to be largely represented. The Eastern men will be there sure anyhow, but usually the beam of preponderance in numbers is tipped by the men from the Mississippi Valley and its tributaries.

Doctors' wives should be in evidence. Sea bathing is a novelty to both them and their husbands, and the opportunity as well as the waves should be embraced. If this information could be thoroughly spread there would be no trouble with the wives. There has been a little suspicion that along about this time of year all medical journals are carefully laid away for reference by the don't-know-whether-he-can-go-or-not doctor. This ought not to be; it is downright mean and contemptible, but then it takes a sprinkle of mean men to make the others feel as though they are appreciated.

COMMENCEMENT.

For the last time in the present century are the gleesome tones of the just-graduated medical student being heard in the land. The classes of 1900 will form a fitting close for a century which has seen greater progress in medicine than all previous centuries combined. The promise is bright for greater and better work in the future, particularly as the fact is being more and more prominently brought into view that clinical training is of paramount importance. The close of the century is important in that college courses are being lengthened both as to number and

to the months in each course; in the passage of bills necessitating State registration and examination; in the establishment of a sort of medical clearing-house, by which the men having passed a State examination may practice in another State without re-examination, provided both States require a recognized standard of knowledge. In our own State the passage of the law requiring that new matriculates pass a State examination at the completion of their college course is certain to exercise a beneficent influence.

The number of students graduating seems to be on the decrease, though it is more than likely that a greater proportion of them are practicing their profession than has been the case in former years. In the Laura Memorial College of this city there were but four graduates. The words of the dean of this institution in regard to hospital training were significant: That of all their graduates in the past four years, 75 per cent. had received hospital training before starting into active practice, from the beginning a tremendous advantage over their male competitors. The Miami College graduated a class of twenty-seven, *thirteen of whom had succeeded in winning hospital positions*; no need to dwell here upon the value of such training. The Cincinnati College of Medicine and Surgery awarded diplomas to thirteen successful candidates on the evening of May 2. On Tuesday evening, May 8, at the Pike, the Ohio College graduated a class numbering about sixty. Thus in all but little over a hundred were turned out from the regular medical colleges of this city. It would seem that a record of this kind, which is in constant danger of being lowered, would be a sufficient hint toward the unification of our medical schools.

Large crowds were in attendance both at the alumnal and commencement exercises, those time-worn and clap-trap performances so dear to the heart of the recent graduate. As usual, the outgoing class was wept over and greeted as the finest class that had ever been graduated from the several institutions, which remarkable statement was received with the usual credulity and complacency. Music, flowers, prizes, honorable mention, the exhibition of lines of swallow-tailed faculty to an admiring audience, and the thing is over; we put away our little stock phrases for another year, secure and smiling in the belief of another necessary duty well done.

M. A. B.

EDITORIAL NOTES.

UNFORTUNATE.—The Ohio and Kentucky State Societies meet this week, from which many will be kept away by the biennial May festival in Cincinnati. Music hath charms that are hard to resist.

THE Alumnal Association of the Cincinnati College of Medicine and Surgery elected Dr. C. C. Ross, of Columbus, as their next President. The next meeting of this association will mark the fiftieth year of its organization, and it is the wish of the President and his officers to make it a more than usually successful one. To this end, every effort will be made to secure a large attendance, and there is a particular desire to have as many classes represented as possible.

THE Congress of American Physicians and Surgeons met in biennial session in Washington, May 1-3. The Congress is constituted of fourteen organizations devoted to the work of as

many specialties in medicine. The work of the members is always of a high character, and it has come to be so that a specialist can hardly be regarded as in good standing who is not identified in membership with one of these organizations. The medical profession of America is a great body.

THE Mitchell District Medical Society, composed of "good doctors from everywhere," will meet July 12 and 13, 1900, at the Carlsbad of America, West Baden Springs. The time is just when you will need rest and recreation; the place is in the weird and romantic Lost River Valley, where nature has placed some of her loveliest scenery and the best of medicinal waters. Inducements: One fare for round trip, 25 per cent. discount from hotel bills, congenial professional company and an entertaining programme. A good attendance is already assured. You are desired as one of the number. Further information will gladly be given by any officer or member.

THE Ohio Hospital for Epileptics at Gallipolis has fared well at the hands of the Seventy-fourth General Assembly, having received a total appropriation of \$480,400 for the fiscal years 1900 and 1901. A construction fund of \$125,000 is available with which a general hospital, costing \$35,000, is to be built, along with an Administration Building for \$50,000, and two more residence cottages for patients for \$40,000. A novel special appropriation was made for the purpose of enabling the Pathological Laboratory to take part in the Pathological Exhibit of the American Medical Association, and funds are available for the continuation of the investigations in this department which will be installed in a special

building, part of the new hospital plant. The liberality of the Legislature towards this institution is not exceptional, all the other State hospitals being well endowed. A praiseworthy spirit of appreciation towards the aims of scientific medicine is hereby shown.

ACADEMY OF MEDICINE.—Monday evening, May 14: "Tubercular Meningitis," by Dr. E. W. Mitchell; "Tuberculosis of the Eye," by Dr. C. W. Tangeman; "Tuberculosis of the Larynx," by Dr. J. A. Thompson; "Tuberculosis of the Genito-Urinary Tract," by Dr. Seth Evans; "Symptomatology of Pulmonary Tuberculosis," by Dr. B. F. Lyle; "State Control of Tuberculosis," by Dr. Byron Stanton.

BISMUTH AND HYDRASTIA IN TYPHOID FEVER.—Please allow me to call the attention of your readers to a treatment, for which I claim originality and priority, that in my hands gives better results in the treatment of the so-called "typho-malarial," typhoid, gastric and enteric fevers, than anything with which I am familiar. We all have, more or less, routine methods of treating diseases, and in the above-named fevers I was taught to employ turpentine internally, externally and eternally, as advised by the old "Doctors" of Europe and introduced to America by the late George B. Wood, and for quite a while was endorsed and extensively used by the best talent of this country, and to the present time is used by reputable physicians.

I was taught that I had nothing to fear as long as *turpentine* held out, but, failing to realize the beneficial results so often reported, I put aside the routine administration of turpentine as a useless practice, and protested against its continued use.

Later on I became favorably impressed with the mineral acids, and prescribed them with some degree of success. Then the numerous antiseptics came into use from time to time, and I prescribed them with the usual good results attending antiseptic treatment.

It is not my purpose to discuss the etiology of fever, its morbid anatomy or any of its general manifestations, as we find them in the nervous or circulatory system, but to the special catarrhal condition as it exists in the alimentary tract. As to its cause, whether we accept the bacilli theory of "Eberth and

Koch" as factors, or regard it as a pestilence that walketh in the darkness, I invariably and successfully prescribe Merrell's Solution "Bismuth and Hydrastia."

I realize that every case is a law unto itself, and must be treated upon general principles, and complications arise that demand special attention; but for the catarrhal condition above mentioned, and to which is due the diarrhea, a great source of danger, I rely upon Merrell's Solution, forty drops, four to six hours interval.

It is pleasant to take, suits the stomach, allays nausea, improves digestion, and you soon fail to recognize that *red, dry* cracked tongue that you met at the onset. Diarrhea and tympanitis, if present, subside with astonishing rapidity and not a single hemorrhage has occurred since I began its use years ago.

Many abortive theory treatments have been promulgated, and the amount of experimentation on that line has been very great, and, to some extent, results have been fairly good. I have employed many of them, and have nothing to condemn or specially to recommend. They are yet with me in the experimental stage, and while we are not authorized to risk too much on the unknown, I am encouraged to give some a thorough trial.

In typhoid fever we have a formidable foe claiming annually its thousands of victims, and some localities the death rate is alarming, but in my practice it has been reduced to *nil*. There is nothing abortive in my treatment, but the symptoms are modified to a marked extent, the fever robbed of its greatest dangers, and the patient tided over the crisis in seven, fourteen or twenty-one days—these are my claims.

I will say with a certain degree of modesty that I have some reputation as a "fever doctor," and treat many cases annually from my own county. I, of course, treat the special conditions as occasions demand, but "Merrell's" Solution is my "stand by"—as anti-septic medication.

Quinine has no positive action for good, and the more recent antipyretics have been wisely restricted. If high temperature be present and sponging with cold water and ice packs to the cervical region don't reduce it, I employ

R Acetanilid, . . . 15 grains.
Salol, . . . 15 "
Bicarb. Soda, . . . 24 "
Cit. Caffeine, . . . 6 "

Put in six capsules.

Sig. One as required.

There is symmetry of action in the above that promptly reduces the temperature without any unpleasant effect upon the heart's action or skin. The progressive heart failure and autotoxemia and surgical complications, protracted diarrhea, ulceration of Peyer's glands, so common to long continued fevers, are things of the past with me.

Yours truly,

J. A. KNIGHT, M.D.,
Eatonton, Ga.

Miscellany.

THE STATUTES OF OHIO REGULATING THE PRACTICE OF MEDICINE AND SURGERY.

*Passed February 27, 1896; Amended
April 14, 1900.*

AN ACT

*To Regulate the Practice of Medicine in the
State of Ohio.*

SECTION 1. Be it enacted by the General Assembly of the State of Ohio, That Section 4403 Revised Statutes of Ohio, be amended so as to read as follows:

Sec. 4403. Within thirty days after the passage of this act, the governor, by and with the advice and consent of the senate, shall appoint a state board of medical registration and examination, consisting of seven members, one to serve for one year, one for two years, one for three years, one for four years, one for five years, one for six years and one for seven years, and the successors of each for the term of seven years, who shall be physicians in good standing in their profession, representation to be given to schools of practice in the state as nearly as possible in proportion to their numerical strength in the state, but no one school to have a majority of the whole board. The board shall organize by electing a president and a treasurer, who shall be members of the board, and a secretary, who shall be a physician in good standing in his profession, each to serve for the term of one year. The treasurer shall give a bond in the sum of ten thousand dollars, with sureties approved by the board, for the faithful discharge of his duties. The secretary shall receive a salary of not exceeding fifteen hundred dollars per annum, to be fixed by the board, and his necessary expenses in performing his official duties. The members of the board shall each receive ten dollars per day for the time actually employed in the discharge of their duties and their necessary expenses while engaged therein. The board shall have a common seal, and shall formulate rules to govern its action. Its president and secretary shall have the power to administer oaths. The board shall meet in Columbus on the first Tuesday of January, April, July and October of each year, and at such other times as the board may appoint. Five members shall constitute a quorum. The board shall

keep a record of all its proceedings, and a register of all applicants for certificates, giving the name and location of the institution granting the applicant the degree of doctor of medicine or surgery, and also whether the applicant was rejected or a certificate granted. The books and register of the board shall be prima facie evidence of all matters recorded therein.

(It will be noticed that Section 4403a and Section 4403b enacted February 15, 1881 (78 O. L. 27), were not amended or repealed by this act, and they are inserted here to give the complete law as it stands in Ohio at the present date.)

Sec. 4403a. Whoever shall make, issue, or publish, for purpose of sale, barter, or gift, any certificate, diploma, or other writing or document falsely representing the holder or receiver thereof to be a graduate of any medical school, or college, or of any educational institution of medicine whatsoever, and entitled to the powers, privileges, or degrees thereby pretended to be conferred; or who ever shall sell, or otherwise dispose of, or offer to do so, any such diploma, certificate, writing, or document containing the false representation aforesaid; or whoever shall use his name, or permit the same to be used, as a subscriber, for any purpose or in any capacity, to such false and fictitious diploma, certificate, writing, or document aforesaid, upon conviction thereof, shall be subject to the penalty prescribed in section four thousand four hundred and three (b).

Sec. 4403b. Whoever shall make, issue, or publish, or cause to be made, issued, or published, for the purpose of sale, barter, or gift, any diploma, certificate, or writing representing the holder thereof to be a graduate of any medical school, or college, or of any educational institution of medicine whatsoever, unless such holder shall have, in fact, attended a complete course of instruction in such school, college, or institution for medical teaching, which course shall be equal to the average course of instructions in other schools, colleges, or institutions, where the various branches of medicine are taught as a science, in good standing in the State of Ohio, upon conviction thereof, shall be fined in any sum not exceeding one thousand dollars, nor less than one hundred dollars, or imprisoned in the penitentiary not more than three years, nor less than one year, or both, at the discretion of the court.

Section 1. That section 4403c, enacted by section 2, of an act entitled "An act to regulate the practice of medicine in the State of Ohio," passed February 27, 1896, be amended so as to read as follows:

Sec. 4403c. No person shall practice medicine, surgery or midwifery in any of its branches in the State of Ohio, without first complying with the requirements of this act. All persons authorized and entitled prior to July 1, 1900, to practice medicine, surgery, or midwifery, in the State of Ohio, under and by virtue of the provisions of an act, entitled, "An act to regulate the practice of medicine in the State of Ohio," passed February 27, 1896, to which this act is amendatory, may engage in such practice, and shall be subject to the law regulating the same; all other persons desiring to engage in such practice in this state, shall apply to the state board of medical registration and examination for a certificate, and submit to the examination hereinafter provided, except that all medical students who were on January 1, 1900, matriculated in any medical college in the State of Ohio, recognized by the state board of medical registration and examination of Ohio, and who shall have graduated subsequent to January 1, 1900, and who shall file their diplomas for registration prior to July 1, 1904, shall receive certificates under the provisions of the act of February 27, 1896, to which this act is amendatory. The applicant shall file with the secretary of the board a written application on a form prescribed by the board, verified by oath, and furnish satisfactory proof that he is more than twenty-one years of age, and is of good moral character. In the application, as a condition of admission to the examination, he shall produce either of the following credentials: A diploma from a reputable college granting the degree A.B., B.S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by any state board; a student's certificate of examination for admission to the freshman class of a reputable literary or scientific college; or a certificate of his having passed an examination conducted under the direction of the state board of medical registration and examination by certified examiners, none of whom shall be directly or indirectly connected with a medical college;

said examination to be held simultaneously in Cincinnati, Cleveland, Columbus and Toledo, and the questions submitted to be uniform at such places; and has either received a diploma from some legally chartered medical institution in the United States in good standing at the time of issuing such diploma, as defined by the board; or a diploma or license approved by the board, which has conferred the full right to practice all branches of medicine or surgery in some foreign country. With the application, the applicant shall present his diploma or license, as above defined, and accompanying the same, shall file his affidavit, duly attested, stating that he is the person named in the diploma or license, and is the lawful possessor of the same, and giving his age, residence, the college or colleges at which he obtained his medical education, the time spent in each college, the time spent in the study of medicine, and such other facts as the board may require; if engaged in the practice of medicine, the applicant shall state the period during which, and the place at which, he has been engaged in the practice of medicine or surgery. If the board shall find that the applicant has obtained any one of the credentials heretofore defined, as a condition of his admission to the examination, and shall find his diploma to be genuine, and from a legally chartered medical institution in the United States in good standing as determined by the board, or shall find the license to be genuine, and such as to confer upon the applicant the full right to practice all branches of medicine or surgery in the foreign country in which he obtained it, and of a standard approved by the board; and shall find the person named in the diploma or license is the person holding and presenting the same, and is of good moral character, the board shall admit such applicant to an examination. All examinations shall be conducted under the rules formulated by the board. Each applicant shall be examined in anatomy, physiology, pathology, chemistry, materia medica, and therapeutics, the principles and practice of medicine, surgery, obstetrics, and such other subjects as the board may require. The applicant shall be examined in the materia medica and therapeutics and the principles and practice of medicine, of the school of medicine in which he desires to practice, by the member or members of the board representing such school. If an applicant passes an examination satisfactory to the board, and

has paid the fee as hereinafter provided, it shall issue its certificate to that effect, signed by its president and secretary, and attested by its seal, which, when left with the probate judge for record, as hereinafter required, shall be conclusive evidence that its owner is entitled to practice medicine or surgery in this state. The board may refuse to grant a certificate to any person guilty of fraud in passing the examination, or guilty at any time of felony or gross immorality, or addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine or surgery; and may, after notice and hearing, revoke a certificate for like cause or causes. An appeal may be taken from the action of the board, refusing to grant or revoking a certificate, for such causes, to the governor and attorney-general, and the decision of these officers, either affirming or overruling the action of the state board, shall be final. An affirmative vote of not less than five members shall be required to authorize the issuance of a certificate. The fee for an examination shall be twenty-five dollars, which shall not be returned in case of a failure to pass such examination, but the applicant may, within a year after such failure, present himself and be examined again without the payment of an additional fee. All fees shall be paid in advance to the treasurer of the board, and by him covered into the state treasury, to the credit of a fund which is hereby appropriated for the use of the state board of medical registration and examination. The compensation and expenses of members and officers of the board, and all expenses proper and necessary, in the opinion of the board, to discharge its duties and enforce the law, shall be paid out of said fund, upon warrant of the auditor of state, issued upon requisition signed by the president and secretary of the board. Provided that nothing contained in this section shall be construed to compel any person holding or obtaining, prior to July 1, 1900, a certificate from the board, under the act to which this act is amendatory, entitling such person to practice medicine or surgery in this state, or any medical student who was matriculated on January 1, 1900, in any medical college in the State of Ohio, recognized by the state board of medical registration and examination of Ohio, and who shall have graduated subsequent to January 1, 1900, and who shall have filed his or her diploma for registration prior to July 1, 1904, to file an application and

submit to the examination herein required. Provided, further, that the board may, in its discretion, dispense with an examination, in the case of a physician or surgeon duly authorized to practice medicine or surgery in any other state, territory or the District of Columbia, who may desire to change his residence to Ohio, and who makes application on a form to be prescribed by the board, accompanied by a fee of fifty dollars, and presents a certificate or license issued after an examination by the medical board of such state, territory or the District of Columbia, accorded only to applicants from states, territories and districts whose laws demand qualifications of equal grade with those required in Ohio; but such examination shall not be dispensed with unless under the law and regulations of the state, territory or the District of Columbia, equal rights and privileges are accorded to physicians and surgeons of Ohio, holding the certificate of the board, who may desire to remove to, and practice in such state, territory, or the District of Columbia.

Sec. 4403d. The person receiving a certificate to practice medicine or surgery under section 4403c, shall before entering upon the practice, leave his certificate with the probate judge of the county in which he resides, for record. The probate judge shall record the same in a book to be kept for that purpose, and endorse on the margin of the record and on the certificate the time he received the same for record, and make a proper index to all certificates by him recorded. The probate judge shall note in the margin of the record the revocation of a certificate, or any change in the location or death of the owner of a certificate. Upon application the probate judge shall make out a certified copy of any such certificate and the endorsements thereon, and such certified copy shall be prima facie evidence of all matters and facts therein contained. Between the first and thirty-first days of December in each year, the probate judge shall furnish the secretary of the state board a list of all certificates recorded and in force, and also a list of all certificates which have been revoked, or the owners of which have removed from the county or died during the preceding year.

In case of a change of residence, the owner of a certificate shall have the same recorded anew by the probate judge of the county into which he removes. For services under this section the probate judge shall receive the

following fees: For recording and indexing each certificate, fifty cents, and for certified copies, the same fees as are allowed by law for copies and certificates or records kept by the probate judge, to be paid by the holder of the certificate.

Sec. 4403e. Every person practicing midwifery in this state at the time of the passage of this act, shall within ninety days thereafter file with the probate judge of the county in which she resides, an affidavit duly attested, giving her name, age, residence, the length of time during which, and the place or places at which she has been engaged in said practice, and the special education, if any, which she has received to fit her for such practice. Thereupon, upon payment of a fee of five dollars (fifty cents of which the probate judge shall retain as his own fee, and the balance remit to the treasurer of the state board of registration and examination), the probate judge shall issue a certificate, upon a blank form furnished by the state board, which shall entitle the applicant and holder to practice midwifery in this state. Such certificate shall be recorded by the probate judge, and in case of a transfer of residence, again recorded in the county to which the midwife removes, as provided by section 4403d, regulating the record of physicians' certificates. The probate judge shall, annually, between the first and thirty-first days of December, furnish the secretary of the state board a list of all such certificates issued and in force, and also a list of all such certificates which have been revoked or the owners of which have removed from the county, or died during the preceding year. All persons desiring, after the passage of this act, to enter upon the practice of midwifery in this state, shall appear before the state board and submit to such examination in midwifery as the board shall require. If the applicant passes a satisfactory examination, the board shall, upon the payment of a fee of ten dollars, issue its certificate to that effect, which when filed with the probate judge for record, as provided in section 4403d, shall entitle the owner and holder thereof to practice midwifery in this state. A certificate to practice midwifery may be refused or revoked for the same cause in the same manner as provided in section 4403c in the case of certificates to physicians and surgeons. The certificate granted to practice midwifery shall not give the holder the right to perform version, or treat breech or face presentation, or

do any obstetric operation requiring instruments, or treat any other abnormal condition, except in emergencies.

Section 2. That section 4403f, enacted by section 2 of an act entitled, "An act to regulate the practice of medicine in the State of Ohio," passed February 27, 1896, be amended so as to read as follows:

Sec. 4403f. Any person shall be regarded as practicing medicine or surgery or midwifery within the meaning of this act, who shall use the words or letters, "Dr.," "Doctor," "Professor," "M.D.," "M.B.," or any other title, in connection with his name, which in any way represents him as engaged in the practice of medicine or surgery or midwifery, in any of its branches, or who shall prescribe, or who shall recommend for a fee for like use any drug or medicine, appliance, application, operation or treatment, of whatever nature, for the cure or relief of any wound, fracture or bodily injury, infirmity or disease. The use of any of the above-mentioned words or letters, or titles in such connection, and under such circumstances as to induce the belief that the person who uses them is engaged in the practice of medicine or surgery or midwifery in any of its branches, shall be deemed and accepted as prima facie proof of an intent on the part of such person to represent himself as engaged in the practice of medicine or surgery or midwifery, provided, however, that nothing in this act shall be construed to prohibit service in the case of emergency, or the domestic administration of family remedies; and this act shall not apply to any commissioned medical officer of the United States army, navy or marine hospital service, in the discharge of his professional duties, nor to any legally qualified dentist when engaged exclusively in the practice of dentistry, nor to any physician or surgeon from another state or territory who is a legal practitioner of medicine or surgery in the state or territory in which he resides, when in actual consultation with a legal practitioner of this state, nor to any physician or surgeon residing on the border of a neighboring state, and duly authorized under the laws thereof to practice medicine or surgery therein, whose practice extends into the limits of this state; providing that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of this state. Nor to any osteopath who holds a diploma from a legally chartered and regularly

conducted school of osteopathy in good standing as such, wherein the course of instruction requires at least four terms of (5) five months each in four separate years. Providing that the said osteopath shall pass an examination satisfactory to the state board of medical registration and examination in the following subjects: anatomy, physiology, chemistry, physical diagnosis. Providing that said osteopath shall not be granted the privilege of administering drugs nor of performing major or operative surgery.

Sec. 3. Section 4403c and section 4403f are hereby repealed, such repeal to take effect July 1, 1900, and this act shall take effect and be in force from and after July 1, 1900.

Sec. 4403g. Any person practicing medicine or surgery as defined in section 4403f in this state, without having first complied with the provisions of sections 4403c and 4403d, except as herein provided, shall be deemed guilty of a misdemeanor, and shall be fined not less than twenty dollars nor more than five hundred dollars, or be imprisoned in the county jail not less than thirty days, nor more than one year, or both. Any person practicing midwifery in this state without having complied with the provisions of section 4403e, except therein provided, shall be deemed guilty of a misdemeanor, and fined not less than twenty-five dollars nor more than one hundred dollars. Any person who shall file, or attempt to file as his, the medical diploma or certificate to practice of another, or shall file or attempt to file a false forged affidavit of his identity, or shall wilfully swear falsely to any question which may be propounded to him on his medical examination, or to any affidavit required to be made or filed by him with the state board of medical registration and examination, shall be guilty of felony and be imprisoned in the penitentiary not more than five years, not less than one year. Such fines when collected shall be paid one-third to the person, corporation or medical society making the complaint or furnishing the information, one-third to the poor fund of the county, and one-third to the state board of medical registration and examination. The secretary of the state board of medical registration and examination is charged with the duty of enforcing this act. If he have knowledge or notice that the act has been or is being violated, he shall investigate the matter, and upon probable cause appearing, shall file a complaint and prosecute the

offender. It shall be the duty of the prosecuting attorney, when requested by such secretary, to take charge of and conduct such prosecutions.

Sec. 3. Original sections 4403 and 6992 are hereby repealed, and this act shall take effect and be in force from and after its passage.

Vanadinate of Sodium.

Good reports are furnished from the Paris and Lyons hospitals of the therapeutic properties of the vanadinate of sodium (*La Medecine Moderne*). MM. Debove, Labadie-Lageare and Tapret state that the salts of vanadium quickly increase the appetite and stimulate nutrition, patients gaining from four to five kilogrammes a month whilst taking the drug.

Some difficulty in compounding vanadium salts is found from the energetic oxidizing properties of the compounds. To avoid this, granules of the vanadinate of sodium containing one milligramme each are now prepared by Parisian pharmacians, and named by them in honor of the Scandinavian goddess, Fheyja.

Vanadium was discovered in 1830 by Oefstrom, in a Swedish iron from Tabrog; it has also been found in Zinropan in Mexico, Wanlockhead in Scotland, and in Chili. Recently Roscoe obtained an abundant supply of the metal in the old red sandstone of Cheshire.—*Med. Press and Circular*.

MANY patients suffering from shock, as in some cases of strangulated hernia, appendicitis, etc., often present a peculiar state of mind, in which they show a queer combination of fear with a strangely boastful and assertive spirit, being apt to assert that they are feeling very well. It is well not to be deceived by such a state of affairs, which most commonly reveals a condition attended with no little danger.—*International Journal of Surgery*.

BRYONIA affects the muscles and, but more especially, the tendons. In rheumatism and pleuritis it may be depended on.—*Med. Summary*.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Why Bile is Bitter.

Sir Thomas Lauder Brunton (*Clinical Journal*, January 10), in an address on Bile, Biliousness, and Gallstones, recently delivered before the Northwest London Clinical Society, says:

"Some years ago an investigation was made into the physiological action of certain substances that are formed by splitting up albuminous articles of food during the process of digestion, and it was found that the foods that we eat are capable of yielding poisons that will destroy us if they pass directly into the circulation. But, as a rule, they cannot do this; they have to pass through the liver on their way, and there some of them are caught, and passed back by the liver into the intestine with the bile, while others are actually destroyed. This is true not only of the poisons formed from food, but of actual poisons formed in other ways, such as the Indian poison, curara, and others of like kind. Now, we usually say 'as bitter as gall,' and we are accustomed to associate bitterness with bile. But fresh bile is not bitter. I was once making some experiments on myself regarding the action of digitalin, and I took a big dose, so big that I nearly, but not quite, killed myself. It made me very ill, however, and I vomited violently. I brought up something which appeared to be undoubtedly bile, because it was like yolk of egg, and it could not be anything else, but it lacked the characteristic bitterness. Now this bile was probably freshly formed. In the ordinary course of things it would not have been vomited, but under the influence of the poison it was brought up. Some time afterward I had a letter from a doctor who had under his care a patient with a permanent biliary fistula, and he discovered in his patient also that fresh bile is not bitter. Whence comes the bitterness, then, that is associated with the name of gall? In all probability it comes from the absorption from

the intestine of bitter substances formed during digestion. These are absorbed by the portal system, carried to the liver, and stopped there on their way into the general circulation, so that, instead of being allowed to proceed on to the heart, to the brain, and to the various organs of the body, these bitter substances are turned back and are excreted again in the bile. You can see, then, that if bitter substances are constantly being formed in the intestine by the process of digestion, and constantly being absorbed and turned back in the bile, the bile itself will become very bitter after a certain length of time, varying with the amount of these bitter substances. And this, I believe, is the cause of the bitterness of bile and what we call biliousness. I believe that after a while the power of the liver to arrest these substances is exceeded, and that it cannot pass them all back. Consequently, some go on and give rise to symptoms of poisoning."—*N. Y. Med. Journal*.

Inebriety in the Navy.

Some recent inquiries made at the Navy Department regarding the losses of government ships have brought out the strong probability that many of these cases were due to the failures of officers who were spirit-drinkers. It has been known semi-officially that at least the disasters occurring to two government ships were intimately associated with and followed from the drink excess of the officers. In one instance where a subordinate officer was in active command, and at the time using large quantities of spirits, the ship was wrecked. The inquiry did not disclose this fact because of the responsibility of the superior officer. A number of instances have occurred of the wrecking of warships belonging to other countries, whose officers were intoxicated at the time of the disaster. Officially grave errors of judgment and blundering stupid conduct appeared entirely unusual for officers of experience. Probably one of the most prominent disasters was the capsizing of the English battleship "The Royal George" many years ago. The officers had been intoxi-

cated the night before and were still drinking.

The extraordinary behavior of an English admiral who went down with his ship from a stupid blunder was explained by his alcoholic excesses the night before. In many of these cases official inquiry covers up the real facts to save the reputation of the officers and the management of the navy. Several great liners have gone down in mid-ocean whose captains were known to be alcoholic drinkers. At least three ships have disappeared manned by the same class of men. One of these recent ships, loaded with passengers, which disappeared in mid-ocean, was officered by moderate drinking men. The merchant marine has for many years suffered so much from this possible cause that the underwriters are becoming more strict in refusing insurance to any ships which are not officered by total abstainers. Two of the great Atlantic lines have issued strict orders that no officer shall use spirits on duty or off duty under pain of dismissal. One of the leading underwriters in New York asserts as his opinion that fully half of the ships wrecked are due to the alcoholism of the officers. The fact is becoming recognized that both the moderate or occasional drinker is unfitted for accurate work. Such persons have defective judgment, do not think quickly, and are confused in times of excitement and peril. On shipboard the incompetency of such men is fatal and cannot be corrected. The delusions which grow out of the palsy of the senses from wine with the unhygienic conditions of life on shipboard unfit officers for exact duties of any kind. The teaching of the danger of alcohol in a naval academy is carried on with a great deal of enthusiasm, and already the graduates realize the importance of this study. In the Navy Department the former drinking officers who spent most of the time while ashore under the influence of spirits are rapidly disappearing and a new class of men who are total abstainers, not from any sentiment or theory, is taking their place. It is understood in the department that the losses and wrecks due to the carelessness of drink-

ing officers are to be severely punished in the near future, and no further attempts will be made to conceal and cover up the real facts.—*Quarterly Journal of Inebriety*.

Skin Grafting.

Skin grafting, from the occasional references seen in the daily press in regard to cases in which this procedure has been employed, seems to impress the public as a rare operation, demanding wonderful skill and complicated manœuvres, to be made use of only in a few rare cases. Unfortunately, some members of our profession occasionally are found whose ideas appear to be cast in the same mold. As a matter of fact, the operation demands a certain amount of care, and some judgment, but is so easy of performance, and so frequently successful that it should never be neglected in any appropriate case. Considerable losses of skin occur in such large numbers that the opportunities for skin grafting offer themselves very frequently. The large Thiersch's grafts give the best results in large denudations, and especially so when the traumatism is operative. There are many instances, however, in which the minute grafts employed before the days in which Thiersch's method came in vogue are of the greatest usefulness, because a very few successful epidermal grafts rapidly become important centres of active cutaneous regeneration. If the patient will consent to no operative measures upon his own skin, and no charitable souls care to contribute any of their own cuticle, the lining membrane of an egg, which should, like Cæsar's wife, be above suspicion, will often serve very well. Another simple method is to give the patient's foot a vigorous scrubbing with soap and water, rinse it off carefully with alcohol, and place it for twenty-four hours in a large, wet dressing of normal saline solution. At the end of this period the dressing is removed, some of the thicker layers of softened horny skin are peeled off, and the under surface is gently scraped with the blade of a knife. A large number of epithelial

cells are thus removed, and should be spread over the raw surface to be grafted. Covering with rubber protective, over which is placed a layer of absorbent cotton, held in place by a bandage, and leaving this dressing in place for three or four days, will often result in the formation of a number of little islands of new growing skin.—*International Journal of Surgery*.

Pain.

Pain of a neuralgic or drawing character in the neighborhood of the heart, is found as the result of several causes, as a rule, in the following order of frequency:

1. Pain with palpitation of the heart from the accumulation of flatus in the transverse colon just as it turns to descend. Many patients who go to the physician complaining of heart disease suffer only from this condition, due to fermentation in the large bowel. Again, the pain due to gastralgia, or, as it has been called, cardialgia, may be referred to the heart by the patient.
2. Intercostal neuralgia due to debility. In these cases tender spots will often be found, one in the precordium, another in the outer edge of the scapula, and a third on the vertebral column. These are sometimes called "spots of Valleix." In other cases the pain will be due to spinal trouble, anemia, or tight lacing of corsets.
3. Pseudo-angina.
4. True angina.
5. Locomotor ataxia.—H. A. HARE, "Practical Diagnosis," page 559.

Sun Baths in the Treatment of Tuberculous Joints.

Millioz (*Thèse de Lyon*, 1899; *British Med. Journal*, February 10), unlike Finsen, of Copenhagen, who used the ultraviolet rays of the spectrum in the treatment of lupus, has employed all the rays of sunlight to act on tuberculous joints. He disapproves of the systematic fixation of the limb in which the tuberculous lesion is situated. The patient is placed on a suitable couch in the sunniest part of a garden or other

open place, with the affected joint fully exposed to the rays of sunshine. To protect the head of the patient, some sort of sunshade may be improvised. If the upper limb is the seat of the disease the patient may preferably be allowed to walk about in the garden. The duration of the sun bath should be several hours a day. During the intervals the joint is covered with wool, and rather firmly bandaged. Sometimes after the first or second bath the joint becomes more painful, but this soon passes away in most cases, but if it should continue it may be necessary to intermit the treatment for several days. Rapid pigmentation of the skin by the sun's rays has been noticed to coincide with comparatively quick recovery. The joints are said to become smaller, the skin healthier-looking, the discharges, if such are present, less purulent, and the fistulæ close. Such results, however, may require months of treatment.—*N. Y. Med. Journal.*

Peroxide of Hydrogen in Uterine Hemorrhage.

Platon (*Marseille médicale*, January 1; *British Med. Journal*, February 10), after referring to the well-known antiseptic and disinfectant properties of peroxide of hydrogen, points out that it is also possessed of marked hemostatic powers. It was employed for hemostatic purposes by him in two cases of uterine hemorrhage, and with distinct success. In the first there was profuse bleeding from an anteverted and infantile uterus in a married woman, aged twenty-four, who had suffered from genital infection soon after marriage. There was also cellulitis and parametric effusion. Under pelvic massage the swelling round the uterus disappeared but the hemorrhagic metritis remained, and, as the patient refused operative interference, such as curettage, it was determined to give an intra-uterine injection of peroxide of hydrogen. Accordingly, on two occasions four cubic centimetres were injected after dilatation with a laminaria tent, a vaginal douche was given, and the vagina packed with antiseptic gauze.

The cure was almost complete, only a little dysmenorrhea being left. The second case was one of abundant metrorrhagia in a very stout patient near the menopause. Examination revealed no organic lesion to account for the hemorrhage. After ergot, ergotinine, hot douches, and perchloride of iron had all been tried without success, and as the patient objected to curettage, it was resolved to inject the peroxide. This was done, and the woman, who had become markedly anemic, is now well, and no longer suffers from uterine hemorrhage.—*N. Y. Med. Journal.*

Diet in Typhoid Fever.

While we are anxious to urge a more liberal feeding in typhoid fever and other prolonged and exhausting febrile diseases, we are not advocates of the reckless administration of food in these conditions; but we are firmly convinced that a patient will generally resist the virulence of the disease better, maintain his strength, and have a more rapid convalescence when he is not confined strictly to a milk diet. The question of dietetics in typhoid fever is much like every other therapeutic question in the sense that the patient fares best when the physician does not adhere to any routine plan of treatment, but fits his drugs, his bathing and his feeding to the needs of the case.—*Therapeutic Gazette.*

Baths for Infants.

Dr. A. Jacobi teaches that while during the early days of an infant, a cold or even a cool bath should not be given, yet after a few months, by carefully graduating down the temperature of the water, a cool or cold bath can, and should, be used for infants, especially during the hot season. He believes that cold bathing promotes a very strong and healthy resistance to diseases, especially the enervating diseases of hot weather.—*Clinical Recorder.*

HYPODERMIC injections of a solution of camphor in ether is considered a rapid and powerful heart stimulant.—*Med. Summary.*

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Boucher on Bacteriological Contradictions—The Microbian Theory Useless and Incoherent—The Bad Microbes that Attack and the Angelic Microbes, those Phagocytes, that Defend—Boucher's Attack Hard to Answer.

It has long been taught, and it is still the truth to-day, that the strict duty of those occupied by science is to investigate science truthfully by all means at their disposition, and that in every case they must not be contented with ingenious considerations not properly demonstrated. This is proper. But when we see the mass of men who pretend to be occupied in the study of science, who recommend this formula and then follow, without any mental reservations, Pasteurian dogmas, believing in pathological microbes and in their toxic secretions, teaching phagocytosis and chanting the praises of serums and vaccines, one stands confounded at this strange contrast, before this perpetual contradiction that always exists in the majority of humanity between words and actions, between thought and its final determination. Here the contrast is particularly colossal, for the bacteriological system, far from representing something ingenious, is only a vulgar tissue of dangerous hypotheses, contradictory, useless and perfectly incoherent. We say dangerous, for the entrance of the microbe on the scene—the microbe we do not know and whose origin or end we can never know—adds an absolutely unknown, undecipherable thing to the simple problem of morbid etiologies.

It is this, already mysterious, which, by cheerful antithesis, penetrates this science by its origin, that is called positive, and the enemy of the marvellous. Strange thing, that well indicates the profound state of trouble in which bacteriology floats around and disputes, it becomes necessary to come to the aid of its very first hypothesis, destroyed

by indisputable facts, emitted following another equally inexplicable hypothesis, that of the receptivity or non-receptivity of the soil—that is to say, of the organism to microbial toxins—another hypothesis the illegitimacy of which has been fully demonstrated.

Such has been the fatal march of this error, which, in order to sustain, has needed the piling up of supposition on suppositions, to the end of explaining impossibilities that overwhelm it on every side. Despite all, and fatally, it ends in nonsense, and as a proof of this affirmation let us cite all those microbes denominated pathogenic by the bacteriologist, and which, destroyed by air and light, destroyed by water, consumed by the soil, as demonstrated by the experiments of Karlensk, Meade Bolton, Krauss, Miquel, Frankel, Koch, Praeussnitz, by Uffelmann and others, is meantime found, they dare to tell us, a way to be re-born in order to destroy. To these impossibilities we oppose our own system, that is verified by observation, experience and logic. In place of the resulting chaos of all these morbid entities, artificially denominated pneumonia, pleurisy, measles, diphtheria, typhoid, etc., etc., all possessing a special genus of incoherent origin, we put simplicity and bring back, as is done in other sciences, for the object to be studied, those forms of a same phenomenon, to unity, to one malady, characterized simply by the appearance in the organism of an infecting principle engendered by the organism, creating an infectious condition of that organism. This is manifested in its localization, which always happens when it exists in the organs of least resistance, or may rest in a vague, undetermined state. In the first case they give it a name that recalls that of the organ attacked; in the second case it is grippe, influenza, etc.

Now instead of imaginary toxins secreted by pathogenic microbes no less imaginary, toxins that have no reality, as we have many times demonstrated, in the toxic products of fermentation and broths, organic liquids in which cultures are made, we only invoke the indisputable influence of electro-mag-

netic variations on the living cell, of which the life, being in reality only an electro-magnetic phenomenon, is found for this reason under the immediate influence of its surroundings. It results that we much more easily comprehend all; that as these energies fail or exaggerate, the cellules are found attacked in the sources even of their vitality; that they suffer; that their functioning becomes abnormal, which fact is expressed by the toxicity of their secretions. Such is the genesis of the infecting principle in the organism; such alone is the only extrinsic cause of the morbidity.

It has been said, for the evident purpose of diminishing the extreme importance of these truths, that they were known before our time, since ancient observers had signalized the influence of prolonged rains and heat, of cyclones and storms upon the appearance of epidemics. They described these facts, it is true, but without knowing the cause, without being able to determine the mechanism, and the best proof of this is that to-day even the bacteriologist does not fear to explain to his disciples the pernicious influence of these meteorological phenomena, owing to the microbial dust they precipitate on the soil, that is thus propagated and spread.

This explanation can only be comprehended by the absolute isolation in which bacteriology is plunged, *vis-a-vis* to all other sciences. For these meteorological phenomena that we have cited are also, according to the most recent astronomical works, only the visible material expressions of variations coming on in the electro-magnetic energy of the surrounding atmosphere. They are due, as has been demonstrated by Souleyres, to electric currents whose maxima and minima agree with the maxima and minima of electric currents of the solar corona.

It is, then, the same phenomenon, the same cause, that creates apparent atmospheric perturbations and sanitary perturbations, if we may thus express ourselves. On the other hand, geology puts in evidence another great periodical phenomenon, that of the simultane-

ous disappearance over all the surface of the globe of groups of living forms, not explaining this disappearance, as Souleyres remarks, either by a universal dislocation nor by extreme variations of temperature; let us add, nor by the invasion of pathogenic microbes. It finds the logical and scientific explanation in the periods of maximum and minimum of the potential electricity of the earth.

This action of electro-magnetic energy upon the living cellule, upon its vitality, upon its morbidity, we were the first to announce and to develop, showing its existence several years since.

The claim once made that medicine was not of metaphysics is now contradicted, for it is now perfectly demonstrated, and the morbid phenomenon of medical science is in this manner attached to other phenomena of which it is only a corollary.

All *savants* of good faith and of sufficient mentality now possess the elements in very great number to judge and decide whether our theory of the formation of infectious principle, considered as the expression of the destruction of living cellules under the influence of extreme variations, more or less due to electric energy of atmospheric surroundings, is superior, equal or inferior to that strange Pasteurian conception, with its pathogenic microbes on one side and its ever-devouring phagocytes on the other.

When one reads in special works of those Homeric, those Titanic struggles of the good microbes against the microbes of evil; when we see the first throw themselves from virtuous instinct on their virulent adversaries, that threaten the human economy, surrounding them, digesting them and dying martyrs to their poison, one might well believe himself to be dreaming, and one might well demand with bitter irony from these bacteriological positivists how they dare to write such romances.

In reality there are no phagocytes, no special microbes of goodness, nor no special microbes of evil, for all living cellules, no matter what they may be, can eat and eat, and the leucocytes

found in the blood, in the lymph, and that travel freely throughout the tissues, bring to these tissues for their subsistence the same substances they have carried with them.

Such is their only rôle, as has been perfectly and fully demonstrated by Rennie to the Academy of Sciences; and it is well understood that, by ordinary physiological action, all these elements make an essential part of the vascular system, and must be found in larger quantities everywhere where sanguinary support is exaggerated—that is to say, at all points of the body where irritations exist. The normal secretion of glands even could not be made if there were not an affluence of these cells; it is this fact, duly verified, that gave rise to the *legend of phagocytosis*.

We now come to the most important part of our argument, that will show in an indisputable manner the criminal consequences of bacteriological incoherency. Let us start from the property the leucocytes have to absorb and act as a vehicle to carry to all parts of the body substances not destroyed with which they come in contact, and conclude that Jennerian animal ferments and Pasteurian extracts cultivated in broths of attenuated or non-attenuated cultures, when introduced into the organism, are absorbed by imaginary cellulæ and thus transported into the nutritive plasma, thus reaching the very depths of vital organs. This cannot be disputed. So we can easily understand the mechanism of this poisoning of the human economy by vaccine, for the virus carried by the leucocytes is absorbed by all the organic cells; there they become fixed, and their impression is directed towards an infectious fermentation.

It is for this, it is by this mechanism, that after a century of Jennerian inoculations, that after twenty years of vaccinal practice made intensive by bacteriology, that we have assisted, in a full period of peace, of good being and the perfected modern hygiene, to cause a formidable invasion of all kinds of purulence, creating an incredible degeneration of the human race, expressed by tuberculosis and the return of the

old-time diseases—leprosy, typhus and plague. Such is the logical ending of microbial insanity, and it is because this truth is so luminous, because science has cleared up the mystery of this phenomenon, of this reappearance of all the infectious maladies in an age reputed to be wise in its hygiene and its civilization. For this reason we shall never cease to proclaim the vulgarity of a doctrine that has spread. We should not be faithful to medical science nor philosophy were we, in our humble capacity, not instrumental in spreading these truths abroad, especially for those unthinking medical men who, in the vanity of their enthusiasm, worship with criminal imbecility at the shrine of the germ idolaters.¹

Hot Vapor as a Hemostatic.

Teccherelli and Bonfanti say that among the disadvantages is the possibility of sloughing being produced. In parenchymatous bleeding the method is of surprising efficacy. Vapor under pressure has, however, little effect when the bleeding vessels have a decided calibre. Benefit is also secured from the asepsis and heat.—*N. Y. Med. Record*.

If you deem it necessary to open the skull in an emergency, don't hesitate because no trephine is at hand. A good chisel and mallet, or a small hammer, in careful hands, will often do just as well. The best surgeon is often the one who can best and most readily make use of quickly improvised instruments and apparatus.—*International Journal of Surgery*.

¹ In the Charlotte (North Carolina) *Medical Journal*, March, 1900, Dr. James Burroughs, of Asheville, publishes the results of 1,371 cases of tuberculosis treated by climate, and makes the very honest statement: "One hundred and twenty-three cases treated with tuberculin and antitubercular serum have been omitted from this report, as no beneficial results were observed; in some instances positive harm was done." Comment is unnecessary. Serum factories, that depend on manufactured cases reported by unknown medical quantities for advertising purposes at so much a line, will presently receive a full consideration from ungloved hands.

Book Reviews.

Manuel Complet de Gynecologie Medecale et Chirurgicale. Par A. LUTAUD, Paris, 1900.

Dr. A. Lutaud, Editor-in-Chief of the *Journal de Médecine de Paris*, presents this superb work on operative gynecology on the eve of the twentieth century; it is, therefore, full, complete and up to date. As is well known, Dr. Lutaud is the translator of the English into French of Murchison's "Treatise on Typhoid Fever," MacCormac's "Antiseptic Surgery," and Hogg's "Study on Isolation in England." Dr. Lutaud is a most interesting writer, clear in all his statements and very concise in his form of French expression; his mastership of several languages, including our own, is well evidenced in this grand volume of over seven hundred pages, beautifully illustrated in the highest style of medical art. The present work is the fourth edition, that originally appeared in 1893, and has been greatly enlarged from the first volume issued.

The writer notes that there is no longer any connection between the gynecology of Courty and Churchill and that of the present day, and that long chapters formerly devoted to the different forms of metritis have been replaced by modern descriptive methods, that all tend to show the tendency of gynecology to modern surgery.

The progress of gynecology is fully traced out between the lines of Lutaud's work, and, although he claims the right of Jobert de Lamballe and Koeberle for operations for the relief of vesico-vaginal fistula and cysts of the ovary, he gives Marion Sims and Spencer Wells the honor of their generalization. He willingly recognizes the fact that surgery has taken the preponderant place in the therapeutics of diseases of women, yet believes that medical pathology, properly speaking, should not be excluded in such a volume as he has undertaken. He is a believer that very many of the affections of women are still entitled to a purely medical treatment, and that no operation should ever

be attempted until a perfect diagnosis is established. Dr. Lutaud believes that operative gynecology has attained its maximum, and that the twentieth century will see the commencement of a great decline in the number of operative cases; for instance, vaginal hysterectomy, that enjoyed great vogue from 1885 to 1895, was condemned by the French Congress of Surgeons in 1899.

Dr. Lutaud's book arrangement is classical; he has returned to the true primitive style, the plan of the ancient writers; his chapters are on anatomy, physiology and teratology. Each disease has its pathological anatomy, etiology, symptomatology, progress, medical and surgical treatment. The greater part of each subject is given up to treatment, and, as the volume is especially for general practitioners, this is a most appropriate arrangement. The book is complete. The very essence of the wisdom of Pean, Lawson Tait, Barnes (who was Lutaud's preceptor), Marion Sims, Gaillard Thomas, Emmet, Dudley, Byford, of Chicago; Kelly, of Baltimore; Martin, Schroeder, Freund, Hagar and Hofmeier, of Germany; Reverdin, DeVeilliet, Muller, of Switzerland; Amabile and Bossi, of Italy. All these erudite authorities are allotted every possible credit by the more than generous author, who, besides, gives numerous references and cross notes to the larger and more recent school of French gynecologists, such as Segond, Pozzi, Reynier, Peyrot, Ricord, Dryers, Bouilly, De Richelot, etc., etc. The more interesting portion of Dr. Paul Segond's work on vaginal hysterectomy applied to the treatment of pelvic suppurations is reproduced, as well as his remarkable conclusions on extrauterine pregnancy. Paul Reynier has also permitted his "total hysterectomy" to be reprinted; this is the one presented at the Holland Congress at Amsterdam, held last year (1899). Finally, Ricord's recent work on the surgical treatment of uterine cancer is included as a whole. From this it goes without further saying, as we before remarked, that this volume of Lutaud's is *up to date*.

The best and most striking plates of

Barnes and Byford are used in illustrating the various texts, but these are few in number when compared with the author's own admirable and instructive cuts.

This work will, undoubtedly, be translated into English, probably by some enterprising London house, unless it finds an American publisher sooner, for it most certainly merits a very early translation in its new and vastly improved form.

The book is most handsomely bound in the best French style of binding, while the paper and typographical work admits of no criticism.

Dr. Lutaud is most certainly to be congratulated on this, his medical masterpiece. His fame as that of a great gynecologist, however, was long ago firmly established. He ranks with Courty; that is the greatest compliment we can pay him, looking at the work through gynecological spectacles, which, we confess, are borrowed, as we own no pair of our own.

T. C. M.

Dangerous Pulmonary Hemorrhage in Tuberculosis and Its Management.

Norman Bridge says that in a severe hemorrhage the measures to be resorted to should have for their purpose the immediate lessening of the blood pressure. To this end the patient should keep as still as possible and avoid taking deep breaths. The bowels should be kept open and the clothing be loose. Of all measures, the writer thinks that morphine, preferably with a proportionate admixture of atropine, administered hypodermically, gives the most valuable results.—*N. Y. Med. Record.*

DR. GEORGE F. BUTLER, of Chicago, has been appointed Superintendent of the Sanitarium at Alma, Michigan, to succeed Dr. E. S. Pettyjohn, the appointment to take effect May 1. Dr. Butler will retain his college connection with the Chicago College of Physicians and Surgeons, and will continue to edit the *Doctor's Magazine*.

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THE CINCINNATI LANCET=CLINIC

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WHOLE VOLUME LXXXIII.

Original Articles.

VALEDICTORY ADDRESS.*

BY JOSEPH EICHBERG, M.D.,
CINCINNATI.

Ladies and Gentlemen, Members of the College and of the Graduating Class:

Many appellations have been proposed in the closing years of the twentieth century to properly characterize the age in which we live; perhaps one, by which it shall be known in later years, is that which comes from the great industrial combinations, from those vast mercantile consolidations, formed for the exclusion of competition, the so-called trusts—namely, that it is an age of trusts; and you have just witnessed the ceremony by which these young men have acquired an interest in the great medical trust. Now it would seem to the student of political economy that it is exceedingly difficult to define what a trust really is; for a trust, legally so declared in one State, is not found to be a trust by equally high authority in another State; until one is almost impelled to accept a definition recently announced, that a trust is a *profitable* (in italics) corporation, none of whose stock is owned by any member of the Supreme Court. We know the trust pictorially. It is always a huge giant with a club, and apparently insatiable appetite, attended by a more or less corpulent gentleman, in a check suit, with the checks curiously ornamented with dollar signs, the trust seeking whom it may devour, and being piteously entreated on bended knees by the public, and the public's wife and children.

The medical trust presents some salient points of difference from all others. It is the object of the trust, if we are rightly informed, to prey upon the public by killing all competitors, thereby benefiting only those who are concerned in holding its stock. It is the object of the medical trust so to care for the public weal that it maintains a livelihood for others, while destroying its own. The improvement in our knowledge of hygiene and sanitation, of the laws of epidemics, and of the channels of introduction of contagious diseases; this improvement, which has been accomplished wholly by the medical trust, has greatly prolonged the average duration of human life, but it has taken many possible patients out of the doctors' practice; and yet the work of self-sacrifice goes on, and will continue to do so, under the impetus of high professional ideals. At all times has the medical trust preached the great crusade against filth and dirt of every kind.

The great medical trust varies the rule of ordinary corporations in another detail. It does not declare regular, tangible dividends, not even from its capital, for the purpose of influencing the market, wherefore sudden fortunes do not belong to the history of medicine; and the general verdict is that the men who are in the medical trust are poor men of business. Until very lately the men of business who so styled themselves, and prided themselves thereon, had a rather difficult time in proving their title. The man who goes into an ordinary trust risks his capital; there is a chance of loss to him; but the participant in the medical trust occupies a somewhat better position. It is the patient here who takes the chances, and as a young friend once

*Delivered at the Commencement Exercises of Miami Medical College, May 1, 1900.

wrote, after I had passed through the ceremony of receiving a medical diploma, "I may congratulate you upon the choice of a profession where the only possible risk is to the other man."

As the members of the medical trust stand by the public, so they stand by one another, and it is not the least of the emoluments which accompany the new title, that has been here publicly bestowed, that it insures the support, the good will and the personal attention, if need be, of every other member of the trust, so long as the individual properly demeans himself; it is a generous free-masonry, though without symbolic grips and pass-words. The medical trust differs again from its mercantile brothers in that the trust is on the side of the public, the responsibility on the part of the medical profession; in the other kinds the trust in future good results is on the part of the members of the corporation, and the care is left to the public.

The public scarcely needs to be reminded that in the whirl of progress great changes have come about in its relations to the profession of medicine. The gradual increase in medical knowledge and the need for specialization have almost wholly eliminated the familiar figure, known a generation ago, of the family physician. In the loosening of this tie the old feeling of attachment has largely vanished, until, especially in cities, the doctor is now often taken, as ladies have various other commodities sent home, on approval. With this, however, there has been an unmistakable recognition of the injustice of the old caricature, in which the doctor is represented as a blind man with a club attending the combat between the patient and the disease. Hearing the patient's cries for help the doctor runs up and strikes a blow in what he thinks to be the proper direction. If he is fortunate enough to hit the disease, the patient convalesces; should he hit the patient, the issue is soon decided.

The public may feel that the difference in the type of doctor produced by the process of social evolution still

leaves something to criticize, but we are far removed to-day from the pompous old gentleman, bewigged and ugly, whose chief properties seemed to be stock phrases of unintelligible Latin, a massive cane, the gold head of which served as a fount of inspiration, and an all-pervading air of mystery and importance. As far as personal appearance goes, I need only ask your attention to the young gentlemen who have passed across the stage to emphasize the striking character of the change.

And as for the rest, with the general emancipation and independence of thought the time for such things has passed. The public wants to know, and wants to know clearly. It grows rightly suspicious of things it may not understand, because cloaked in polysyllabic terms. It will respect the doctor's knowledge of such things. But he must translate. So low has he fallen that his prescriptions are now more or less promptly subjected to the patient's censorship; for the circumstance of a membership in a training school society, or mothers' meeting club, carries with it an amount of medical information that enables the individual to properly judge of these professional matters. The public will listen to the learned expounding of manufactured compound Greek words and then quietly ask, "What does it mean?" The increase of knowledge has dispelled the superstitious terror of disease, though it has not always been able to rouse the public from its slowness to move in the face of danger, and if there be anything reprehensible in its conduct it is the large measure of "*vis inertiae*," the strength not to do things, the disinclination to be aroused to the right view of its own best interests.

Progress has been made not by planing down, but by leveling up. The profession has steadily moved ahead, elevating its own standard, and the public has moved with it. It may be that the difference in type has produced a doctor still far from perfect, and there may be justice in the reproach that we depend too much on laboratory work and so-called exact methods of research. If the refinement of study be

carried too far, there is yet great advantage in this, that it leads to careful and more accurate work, of which the public is the beneficiary.

The medical trust occupies to the other professions certain relations similar to those which physicists have developed in their doctrine of the correlation of natural forces. At certain stages these forces, as is well known, pass into each other, and so the work of the medical trust trenches on that of the other professions. And first, it is largely a religious organization, a cult, and the human body, with its wonderful organization, its finely adjusted mechanisms, its magnificent compensating arrangements for meeting all emergencies, is its temple. The doctors are its high priests, and in the study of the temple do they worship the spirit which created it. This temple, too, has its mystery of mysteries, has had it from the earliest beginning, and no profane foot shall enter its holy of holies, no sacrilegious hand may rend the veil. It is a fine story in mythology, that of Prometheus making his man of clay and then attempting to steal the immortal fire, and Prometheus lay chained to the rock, with the vultures ceaselessly feeding at his entrails. We may admire and study and keep in repair the temple entrusted to our care, but the secret of its architecture is not for us.

Political economy, the life of the community, also has its affinities with medical work. In the great brief which the founders of this country prepared as justifying their right to appeal to arms against the mother country, the Declaration of Independence, it is stated that man is born with certain inalienable rights, among which are life, liberty and the pursuit of happiness. It need scarcely be pointed out how in private life it is the duty of the medical profession to assist in the maintenance for the individual of these rights, which the government secured for the state.

What capital must a man contribute to the medical trust? He must bring a healthy, sturdy frame, fit to cope with many vicissitudes; a willingness to work; an earnestness of purpose, not easily dismayed; an unending fund of

cheerfulness without flippancy, of seriousness without solemnity, of hopefulness without optimism, of courage without recklessness. He should possess a natural gift, cultivated to the utmost, of logical deduction, coupled with great love for his study; and even then the problems that come to him may be difficult of solution, as in that sad case, related by Oliver Wendell Holmes, where, after much vain medication,

"The six young damsels wept aloud,
Which so prevailed on six young men,
That each his honest love avowed,
Whereat they all got well again."

For, even though the physician find the cause of the disease, the remedy in such a case may fail him.

There will be compensations for the faithful worker, not always of the material kind, for few will have the courage evinced by a legal brother when asked for an itemized account of a bill presented a client; after figuring on a detailed statement, and finding himself somewhat short of his first total, he added as the final charge: "For lying awake nights thinking of the damned case" (the profanity is part of the original quotation and not my own), "one thousand dollars." So that the hours of wakefulness thus spent do not always enter into what are termed the regular charges.

The great compensation is in the opportunity afforded for the study of human nature under many guises. Some of the disclosures may be painful; shams shall be uncovered; the door be opened on the family skeleton; the chance be given to witness all manner of disagreements, arising from a failure to comprehend that the law of happiness is the law of compromise.

But a saving sense of humor may and alone can keep the physician from being overwhelmed by the misery, physical and moral, which his calling compels him to witness. It is this which will enable him to see how we are punished less for our sins than by them, a truism in a physical and moral sense. Thus, many an attack of juvenile colic is nature's punishment for gustatory misdemeanors; yet for the patient the lesson is learned slowly. Hope springs

eternal in the human breast, and so we go on sinning and trusting that in some way we may elude the stern mistress and enjoy our secret sin without pain or reproof.

Many are the portraits that might be drawn of the different phases of human life presented in sickness, and if I venture to sketch a few it is merely to show the young friends, our new doctors, how much of variety may enter into the daily work.

There is, for example, the patient whose nervous system seems, by a curious freak, to have all been distributed on the outside of the body—at the periphery, in strict medical parlance; and as nature follows the law of a fair and equal allotment to each individual, it happens that there is little, if any, left for the central or interior part, so that the poor patient goes through life sadly handicapped because this fiendish playfulness of nature has left his skull an aching void.

There is another, who has also experienced a congenital difficulty, in that he was born with an imperfectly developed sense of the use of the superlative. Not that his grammar is otherwise faulty; his construction may rejoice the soul of a Lindley Murray; but he has not been able to master the positive and the comparative degrees, and thus the account of his sufferings becomes richly garnished with such adjectives as dreadful, terrible, awful, horrible, frightful; the minor forms of expression do not exist for him.

There is, if the doctor be fortunate enough to encounter him early, the ideal patient, whose sickness extends over a reasonable time—the word reasonable being properly construed, from the professional standpoint—who obeys orders, gets well, and promptly liquidates his indebtedness. The getting well is rather an essential thing for the ideal patient, for the same reason as is embodied in the well-known couplet that—

“He who fights and runs away
May live to fight another day.”

Then there is the patient who constantly jokes and rails at his sickness, and, in his ridicule, slightly overacts

his part, so that you know he does it but to conceal his fears; just as we, as boys, have gone noisily whistling through the darkness to keep our courage up.

An amusing individual, though unintentionally so, is the indignant patient, who resents his visitation as a personal affront on the part of Providence, which, though it surely made a mistake in afflicting him, really should have known better than to send him a reminder that he, too, was mortal. It is really quite unhandsome that such things should come to him, made, as he is, of finer clay, and turned out from the potter's oven with a magnificent hard glaze that should, in his opinion, prove safe protection against all assaults and buffets of disease.

Comes next an individual whose name in Indian dialect would not be difficult to guess. Our aboriginal tribes have a way of designating their members that facilitates recognition, such as Hound-Swift-to-the-Chase, or Man-Afraid-of-his-Wife, and so this individual might be called Patient-Proud-of-his Infirmities. He is a very aristocrat among sick men. His attack was the worst, his fever the highest, his delirium the wildest, his collapse the most profound that ever was known. He came, as his doctor assured him, within an inch of dying; and you find yourself mildly wondering why, in the dispensation of an all-wise Providence, he was not permitted to continue the journey to the extent of that short distance. In all the literature of medicine there never was a case like his, probably never will be another, all of which may be true; but his kind flourisheth as the green bay tree.

Mark Tapleys come into the doctor's way; but there are not too many of them. They do not exactly wish that matters might grow worse so that there would be some credit in being cheerful; but they are glad to accept their portion, to see the best side of every situation, and hopefully wait for the events of the day.

Then there is the punctilious, over-conscientious patient. He is nothing if not precise. He would not deceive

you by one second as to the time of any occurrence or the duration of a pain. His first statement seems to make him feel that he has hopelessly stultified himself, so that he must immediately go back and correct it, and even the correction may not be altogether satisfactory to his critical conscience. He will tell you why his flour was ground at a water-mill instead of by machinery, and why, though it was called white, it really was a shade brown, because of the bran, etc.

On the day when your visiting-list is the longest, or when your waiting-room is more than usually crowded, you will encounter the individual with a history. Now, let not the prurient, if such there be among us, sharpen their ears! There will be no disclosures of a risky nature. For the individual with a medical history is altogether different from the heroes and heroines of those productions that have flooded our literature to its shame, and have degraded our stage. The patient with a history goes about loaded like a repeating rifle, and the slightest conversational spark will provoke the discharge. If you happen to mention, in a casual meeting, that it is a fine day, he will agree with you, and then: "It was just such a day as this when I was taken sick," and then comes the history, the first bullet from the Winchester. If it be the battle of Manila Bay that is under discussion, he brightens up with the remark: "Isn't it singular that the battle should have occurred on the anniversary of the day that marked the crisis in my illness? I'll just tell you about it." Bullet No. 2. No subject, however irrelevant, can for one moment prevent his making every one a confidant as to his past trouble. This tendency is coupled with another unfortunate quality, frequently observed in guides in foreign countries, namely, that if you interrupt the flow of his discourse he has to go back to the beginning and rehearse the whole story anew. The public will frequently find him at sanitariums and health resorts, and, in most cases, it serves the public right.

And then, thank fortune, there are

many—oh, so many—of that brave class who, like the patriarch Jacob, have wrestled with the angel, and who, like him, have conquered, though the soul should leave its earthly setting in the combat. It is ennobling to read and hear of, perhaps to see, deeds of valor, lofty courage and devoted heroism on the field of battle. There is something thrilling in the thought of a man bravely hazarding his life for the nation's glory, for the sake of country. The knights that made the tournaments of old so famous have filled poetry and song with their exploits, undertaken for personal distinction alone. We are glad that they lived to evidence a noble disregard of bodily suffering and death in the pursuit of an ideal—mistaken though it was. But the doctor shall witness in the privacy of the sick-room a courage so much loftier, a devotion so much finer, an unselfishness so much grander and a quiet resignation so much more devout, that the events of the battlefield pale into insignificance. The soldier accepts his lot as part of the game; it is really a gamble whether he shall come out alive. Fate stands ready with the arrows, but, in the wild shower, they may pass him by; it has happened before, is happening every day, why may it not happen to him? And so after the first shock of terror and disgust at the carnage about him, the excitement of the moving spectacle, in which he is a figure, buoys him along, making him so little conscious of danger that his wound may come to him without immediate realization on his part.

Far different the scene in which the soldier in the sick body comes to the front! As doctors you shall sit by his bedside, and you shall tell him, in answer to his just inquiry to know the truth, that, unfortunately for him and to your own sincere sorrow, the art of medicine has its limitations; that there are conditions beyond human power of relief; that you would gladly, too gladly, save his life, but that the die has been cast; that, at best, you can only temporize, and make more comfortable the closing hours.

And you shall see that soldier, and often it is a soldier of the gentle sex,

who displays this finest kind of courage, quietly accept your verdict; thoughtfully, seriously, as becomes the situation, but with serenity of soul that is sublime; asking, not querulously, if there be no chance; willing, if so there be, to accept that one chance, though its acceptance be beset with pain and danger; tenderly giving thought to and for those with whom life's journey has been travelled; bidding you, the doctor, to look after them and comfort them, when the day shall be done and the combat decided; thanking you for your kind ministrations and your manifest wish to bring succor; and then, if there be a supreme issue to be met, uttering with firm determination the final words, than which the language knows none nobler, the words of brave men in what they know must be a fatal conflict: "I am ready! Doctor, stand by me, if you can."

With the family and the friends, too, there comes to the doctor the opportunity of seeing true moral greatness. The waiting through the weary watches of the night, where the darkness itself grows terrible, because it is dark; the steadfast encouragement to the patient from smiling lips, while the heart beneath is breaking, lest the dear sufferer have the prop of hope removed; the quiet acceptance of the inevitable, or the tranquil, deeply grateful rejoicing when the danger is past, all these are no mean elements in the picture of life seen by the physician.

So that the medical trust is not without its compensations, though these be of no ordinary kind. There must be something in human life which can lead the mind to such heights of unselfishness, to a courage so calm, a self-control so steadfast; for these qualities are found in the hovel as in the palace, on the hospital cot as on the bed of down. Perhaps it is the earthly indication of the right to immortality. The doctor shall be the silent, reverent, admiring witness of this magnificent spirit, and he shall formulate the hope that, though he may not be able to attain the same standard, when his hour of conflict comes, may not possess the same fine scorn of personal danger, he may yet

be allowed to meet death with something of the same unflinching devotion to the demands of highest knightly courtesy to those about; that he may, at least, profit by the example, which, in his office as physician, has come to him through an unfaltering soul.

The genius of Balzac in many masterly novels has given the world a cynical presentation of what he terms "The comedy of human life." It is not all despicable, it is not all comedy.

To you, my young friends of the graduating class, a parting word. It is customary and proper for the representative of the Faculty on this occasion to announce to each class in rotation, as it is on the point of leaving the college halls, that it has been the best class in the history of the school; and this statement is, of course, made to the class without disparagement to any of its predecessors. It is merely the natural effect of that heaven, which is constantly at work, refining the profession. The members of the present graduating class will therefore consider that they have been duly notified of their preëminent fitness, according to precedent, and the valedictorian feels that he has thus complied with a time-honored formality. Few are the words that I have to add, and of these the first is an injunction to cultivate, if you do not already possess it, the golden gift of silence—silence! silence! silence! It happened in my early school days that, in a certain recitation, one of the members of the class was asked a question, to which he did not know the answer. His friend, who occupied the next seat behind, made an effort to help him, and whispered an answer, which was wrong; but which the first boy promptly announced in a loud voice. The teacher, who had witnessed the whole performance, gave the boy who failed and his prompter alike the full limit of punishment, remarking, as he did so, that "it might impress upon the class a simple but valuable lesson—that you never need be sorry for the things you have not said."

Upon occasion, say much; but not in many words. Shakespeare's Kent, in Lear, says: "I love to converse with

nim that is wise, and say little." It will often demand tact, when forced to an answer, to avoid saying too much; and no one more frequently than the physician requires the wisdom of the Sybils of old, whose sentences, while oracular, were so carefully worded that only the subsequent event always imparted the correct meaning. The late Lord Beaconsfield, when visited by an indignant deputation of his political opponents, who demanded to know what the government proposed to do in a certain contingency, is said to have replied: "We propose to commit the government to the maintenance of the inherent rights of the citizens of this ancient and established kingdom. Gentlemen, have another glass of Maraschino!"

Your calling is one that will subject you and your actions to much misinterpretation. Credit will be given you for the securing of results, in which you have played a very secondary rôle, or of which you may have been wholly innocent; and blame will attach to you where from your own knowledge of the facts and from the care and attention you have bestowed none could have done better. Do not trim your sails to catch the wind of popular favor; seek less to make a friend of every one than needlessly to make enemies of any; but like the crew of Ulysses, let your ears be sealed to the noises about, giving undivided attention to the work in hand.

The rules of medical ethics, but little understood by the public, are like the rules of whist, not intended to enable unscrupulous or designing men to act under the guise of honesty, but merely to serve as a guide to the man of honest intention in certain perplexing emergencies. Like the Bible, the code of ethics makes its rules of conduct personal to the individual; it says, "thou shalt," and "thou shalt not," wholly irrespective of what the other man is doing. Now it may be objected that the Bible itself has lately been subjected to a good deal of what is, I believe, termed the "higher criticism"—higher because it takes upon itself to criticise more freely than ever before;

so that it has become necessary to write ponderous tomes for the interpretation of the Bible, until it would almost appear doubtful what the original meaning might have been. The code of ethics requires no interpreters; it is intended to help the man who wants to do right; it is the willingness to deal fairly with all men which is requisite.

The college cheerfully and confidently commits its good name to your keeping. Every graduate who leaves its portals reflects something of his after-career upon the institution, where we have labored together. The good you accomplish; the honorable career you may make for yourselves, the reputation which follows earnest, able and conscientious effort, redound not only to your credit, but to that of the institution in which the foundation was laid. In lifting yourselves higher you carry with you the standing of your school. The converse is equally true; for failure would mean a blot on the fair fame of the *Alma Mater* with whom your medical infancy has been passed. But we do not look for failure. It is not given to every man to make himself or his work famous, and fame, except as an incentive to worthy ambition, is but an empty bubble. Yet no career will more certainly give to the earnest, deserving man an honorable livelihood than the practice of medicine—using the word practice in the best meaning of the term.

Many of you will engage in country practice. It is not discreditable to you in any sense. From the ranks of the country doctors have come some of the strongest men in the profession, even as the physical strength that comes from early close contact with nature seems to be necessary as an ingredient to prevent the decay resultant from city life. The practice of the country doctor is onerous, much more arduous than that of his city *confrère*, and entitles him to a little higher seat in the special Heaven reserved for good doctors. There is never any intentional disrespect in the countryman's familiar abbreviation of your new professional title, nor any lack of genuine feeling in the homely greeting, "Waal, Doc.,

how are ye? We're mighty glad to see ye." It rests wholly with you whether there shall be respectful courtesy or mild derision in the inflection given to the monosyllabic "Doc."

In a very stirring and beautifully worded pen-picture Dr. Watson has given us a fine side-light on a member of our calling, whom he entitles "A Doctor of the Old School." It may be, doubtless is, familiar to many of you. All of the incidents of his story are worthy of quotation, but I shall ask you to remember one in particular, that its closing sentence may, as the years roll by, apply with equal fitness to each member of this graduating class. It is the story of how a learned consultant is called from the city to assist the country doctor in a very difficult case; how the day is passed 'mid trials and dangers and great anxieties; how the patient is saved from death by helpful skill of the highest; and how, as the titled and distinguished city doctor is about to re-enter his train, overcome by a burst of spontaneous feeling, in view of the character and the work of his humbler colleague, he is impelled to exclaim: "Give 's another shake of your hand, McClure; I'm proud to have met you; you're an honor to our profession."

Sulphur and Potassium Permanganate for Diphtheria.

This treatment is advised by Annie K. Bailey, M.D. The permanganate rapidly oxidizes or consumes the organic offender, and the sulphur is a powerful germicide. Together, they form a safe and invincible pair, and will remove both cause and manifestation in an incredibly short time. She has obtained astonishing results from them in twenty-four hours, and with these agents knows no fear of diphtheria. The doctor has never found it necessary to give more than two and one-half grains of sulphur and one-fourth grain of permanganate of potassium, in capsules, alternating every hour and allowing water freely until the membrane entirely disappears; then continuing the same at longer intervals for two or three days after.—*N. Y. Med. Times.*

OPHTHALMIC MEMORANDA.

BY DAVID DEBECK, Sc.B., M.D.,

CINCINNATI,

OPHTHALMIC SURGEON, ST. MARY'S AND GOOD SAMARITAN HOSPITALS.

Orbital Abscess in Grippe.—Among the numerous sequelæ to influenza ocular complications are fairly frequent. The bulk of these are affections of the uveal tract, but most of the other structures of the eye may be affected. Among these less frequently occurring complications abscess of the orbit is one of the rarer. Still in this present epidemic I have had the rare good fortune to see two cases. There was some difference in the progress of the two cases, making them both worthy of record.

Louis S—, æt. 28. Suffered from epidemic influenza during February. He was also a sufferer from chronic nasal catarrh, which the grippe greatly aggravated. During the height of the attack, and while confined to his bed, the eyelids of the right eye became swollen. When I saw him the lids had become so swollen that they could not be opened voluntarily. On separating them, distinct exophthalmus was noted, the eyeball being pushed forward and downward. There was vertical diplopia, but no marked impairment of vision. There had been severe headaches associated with the grippe, but no very severe pain in the eye. There was no marked inflammation, and the congestion seemed mainly from stasis.

Although the entire orbit was evidently infiltrated, resulting in a serous cellulitis, there was no very distinct point of fluctuation. In view of this, hot applications were ordered, and the use of the small hot-water bag. Nothing in the way of medication was tried, except that these hot applications were made with a solution of boric acid, as much to relieve the mind of the patient as with any idea of any remedial effect from its action. But the good effect of the hot applications was marked and prompt. The swelling of the lids very rapidly subsided. The orbital infiltration was much slower. In two weeks the lids could be readily opened, but there was still appreciable exophthalmus, and the diplopia was still troublesome. A week later the diplopia had disappeared in the primary axis, but was still noted on looking upwards. This caused no trouble in walking, or at desk work, and at other times was covered by slightly closing the lids of the offending eye. He had been taking

tonics, and these were continued. In two or three weeks later the diplopia had entirely disappeared.

This case hardly warrants the title of orbital *abscess*, as it is doubtful if it went on to the formation of pus at any time in its course. Its prompt disappearance rather favors the idea that it was a cellulitis during its entire course. But this course, so far as it went, is so like the next case up to the corresponding point that it is hard to separate them by any fast lines.

Arthur M—, æt. 30. Suffered from influenza in March. During the height of the trouble the eyelids of the right eye became swollen. There was extreme edema of the lids; they were of a brawny, livid red color, and with a sort of semi-translucent appearance. The conjunctiva was chemotic. There was exophthalmus, the eyeball being pushed forward and downward. This was more marked even than in the other case. There were severe headaches associated with the gripe, and also locally intense pain along the upper orbital border. Palpation was not easy, but at this time there was no distinct point of fluctuation to be made out.

As in the other case, hot applications were tried, with some codala to relieve the severe pain. The applications seemed to be equally prompt and efficient, and for a few days the swelling rapidly subsided. But on the ~~fifth~~ or sixth day there was a rapid exaggeration of all the above symptoms. The deep pain in the orbit rendered sleep impossible. There was still difficulty in making out any distinct point of fluctuation, but under the upper orbital margin the infiltration seemed a trifle less tense to the touch. This and the constant pain led to the suspicion of an abscess.

It seemed impracticable to go in through the conjunctiva, so an incision was made through the skin of the lid just below the orbital margin. It was commenced just outside the supra-orbital notch, to avoid the vessel and nerve, and carried outward, stopping in time to avoid the lachrymal gland and its large vessel. The dissection was continued with the forceps. A good-sized pus-pocket was struck close under the roof of the orbit, and well back. About a half-ounce of thick pus was evacuated. The pain never reappeared after the operation. The cavity was washed out daily by means of warm boric acid solution injected with a small glass syringe. There was considerable discharge for several days,

but this gradually ceased. The cavity filled up, and the wound then closed without any further interference. There was one slight recurrence of swelling and discoloration, but the corner of the wound being re-opened with a probe, and a small amount of pus being discharged, this rapidly subsided again.

These operative measures upon the lid left it lax and drooping for a while, and by the time that some little control had been regained over it, and it could be raised a bit, the exophthalmus had so far disappeared that diplopia was no longer noticeable.

Uremic Blindness During Pregnancy.—

Impaired vision coming on during pregnancy, due to uremic trouble, is of interest; and a case in which artificial labor has been resorted to is of special import.

Mrs. W. F. A—, æt. 27. She suffered from uremic complications during the seventh month of pregnancy, in June, 1898. During this month vision failed rapidly, and there seemed a prospect of total blindness resulting before the completion of the normal term of pregnancy. In view of this grave prospect, and the severity of the general uremic symptoms endangering life, artificial labor was resorted to at the eighth month. There was relief from the general symptoms, and some considerable improvement in vision.

She was seen in September. V.: R. = $\frac{1}{2}$; L. = $\frac{1}{4}$, not materially improved by glasses. The right pupil was oval and sluggish, the left pupil moderately dilated. The media were clear. There were some small scattered pigment spots around the neighborhood of the discs, and in the macula regions. These were evidently the remains of small previous hemorrhages that had been absorbed, except this pigment. The white patches of the previous albuminuric retinitis were no longer in evidence. They, however, disappear in these cases of albuminuric retinitis of pregnancy. The optic nerves were paler than natural, and apparently slightly atrophic. The vessels were practically normal.

This improvement in general health, and partial restoration of vision, must be regarded as a signal gain under such grave circumstances, and as affording a complete justification of this radical measure of relief. Without it death would probably have resulted; or at the best she would have recovered—blind.

Rheumatic Effusion Into the Vitreous.—

This unusual complication has been rarely seen, or at least if seen occasionally has not been reported. As rheumatism is undoubtedly responsible at times for cases of a serous form of iritis, it is certainly not strange if it should cause a serous form of infiltration into the vitreous.

Miss Kate B—, æt. 43. She is a spinster in whom syphilis can be absolutely excluded. She lives in a non-malarious region, and has never had any signs of malaria. During the past year she has had several recurrences of severe acute articular rheumatism. During the last attack V. became impaired, and has remained so for several weeks. V. = $\frac{20}{300}$ in the left eye, while the right is normal. In this left eye there is still some slight conjunctival hyperemia.

The mirror shows a faint but perfectly distinct clouding of the vitreous. It is most dense at the central part of the vitreous, and not so distinct at the periphery. It veils the disc, but this itself does not seem to be affected. The vessels at the periphery are normal. She was put upon anti-rheumatic treatment, and there was some improvement. The effusion was somewhat absorbed, and V. improved to $\frac{3}{8}$. At this point she ceased attending.

This effusion into the vitreous is not infrequently seen in syphilis, and is not so very rare in malaria. Its occurrence in rheumatism is so rarely noted that it is well worthy of record.

Rheumatic Iritis.—This complication is not so very uncommon, a number of cases having been seen, and three having been previously reported in these memoranda. Another case has been seen that is of some interest because it illustrates how the history may render more uncertain the question of the etiology.

W.W. A—, æt. 29. Patient lives in a hill-top suburban section, and has never had malaria. Three weeks before he had had an attack of acute articular rheumatism, which was treated with medium doses of sodium salicylate, and from which he was pretty well recovered. At the height of this attack the left eye had become inflamed and the sight blurred. The cornea is dull and the aqueous cloudy, the pupil is moderately dilated and sluggish, and the tension is a trifle increased. The iritis was a serous one, or at most a mild

sero-plastic form. There was one narrow posterior synechia below, but this soon broke loose under the influence of atropine. V. = $\frac{20}{300}$, not improved by glass.

This would seem, by the history and the character of the inflammation, to be almost unquestionably a case of rheumatic iritis. But eight years previous there had been a syphilitic infection, which had been properly and thoroughly treated. There have been no systemic manifestations since the ordinary early secondary ones. But this very history would lead most men to at once class this with the group of syphilitic iritis. We are so prone to admit anything that may be attributed to syphilis, while we are hypercritical towards other possible sources. The question of syphilitic etiology is, I fear, often begged. In this case I have little reserve in holding that the syphilis was most probably a thing of the past, and that the inflammation in his eye was no more syphilitic than the pain in his joint was syphilitic. Under a weak solution ($\frac{1}{2}$ per cent.) of eserine locally, and anti-rheumatics internally, there was relief from his rheumatism, and some improvement in vision. He went south and was lost sight of.

Retro-Bulbar Neuritis After a Burn.—

The relations between ocular affections and these remote conditions are still quite obscure, so that any contributions to the question are of added value.

John C—, æt. 32. Patient had been severely burnt about the hands, face, head and neck by the explosion of a large coal-oil lamp. The injuries were so severe that he was confined to his bed for a number of days with his face bandaged up. When he was so that he could open his eyes it was found that his vision was very much impaired. I saw him soon after—in November, 1899. There was still some conjunctival hyperemia. V. = $\frac{1}{8}$ in each eye, not improved by glasses. The optic discs were soft-edged and blurred, and slightly flushed. It was the picture of the mildest sort of optic neuritis.

I saw him again about ten weeks later. The pupils were normal in size and reaction, although V. was reduced to $\frac{1}{8}$, and that hesitatingly. The optic discs showed the nasal edges blurred and indistinct, while the temporal edges are sharp and distinct. This edge is pale, and the "papillo-macular" quadrant is distinctly atrophic. The field for

red is entirely lost, while there is a small central field in which green is still distinguished, but not with promptness or uniform accuracy. These color tests were most difficult to make with any degree of satisfaction. He was a railroad man, and had been previously examined, so that there can be no possibility that he may have been red-green color-blind even before the accident.

The blindness, out of all proportion to the visible evidences of inflammation in the fundus, and the color affections, make it evident that the main outbreak of the inflammation was retro-bulbar.

In the cases reported by Mooren and others the main feature has been a distinct neuro-retinitis, with conspicuous changes in the fundus. In no other cases that I know are there signs of the neuritis being mainly retro-bulbar, as in the above; and for this reason it is well worthy of record.

Fracture of the Orbital Floor.—An extremely interesting and very unusual form of fracture came under observation some time ago, and the patient being lately seen has brought it again to mind.

John B—, æt. 18. The boy was taking a Fourth of July outing on one of our neighboring small rivers, in 1898. While landing from a skiff carelessly he was thrown violently forward upon his face upon the bank. In falling he struck his cheek upon a rounded but somewhat pointed boulder. The pain was extreme, but he did not lose consciousness. His companions at once were alarmed by the evident sunken distortion of the right side of his face and the marked protrusion of this eye. They hurried him home as rapidly as the trip permitted, and I saw him that evening. I found him now suffering very little pain, and in very good spirits. He had not even gone to bed.

There was a marked depression below the right eye, the prominence of the cheek bone and the zygomatic arch having entirely disappeared, giving a peculiarly shelving appearance to this side of the face. This had carried the lower lid a trifle downward and inward, which alone would have given a staring appearance to the eye. But there was in addition distinct exophthalmus, the eyeball being protruded forward and slightly upward. There was corresponding diplopia. At the outer rim of the orbit was a distinct line of

fracture through the malar bone, easily made out by the moving of the lower fragment. This movement brought out distinct crepitus, easily felt under the finger, and very clearly and disagreeably heard by the patient. Under forcible effort the depressed portion could be moved a little, and this movement would even be transmitted to the protruding eyeball. But no purchase could be secured sufficient to elevate the depressed portion. My view was that this inner end of the malar and the part of the superior maxillary to which it is attached had been driven into the antrum, and there almost impacted. This had broken the floor of the orbit some way back and tilted it up from behind. In this way the exophthalmus had been caused by the pushing forward of the eye by this tilted blade of bone.

There seemed nothing to be done but to go in and bring forward this depressed portion of bone, and get the orbital floor down into place. The next morning he went to the Good Samaritan Hospital and the operation was done at once. An incision was carried from the outer angle all the way along the inner surface of the lower lid to the inner angle, avoiding the tear punctum. From this another incision was carried down along the base of the nose. This triangular flap was then thoroughly dissected up, and laid down upon the jaw. Vessels were tied and the bleeding stopped. With a strong forceps the depressed piece was seized and pulled forcibly forward into place. A straight strong scalpel was simply pushed back into the orbit beneath the eyeball, and used as a lever to pry the floor down into place. Both these manoeuvres were, fortunately, quite successful. It was found that when the lower piece was put back into its original position it held fairly firmly, and no effort was made to wire it into place. The orbital floor was also simply left alone. The flap was stitched back into place. The exophthalmus had disappeared at once. A light dressing, without pressure, was put on, simply to cover the surface, and soak up the discharges. He was made to lie upon the left side, so that not even the pressure upon the pillow would be transmitted to this "shaky" fragment. He had no elevation of temperature. The incision healed by first intention, except the lower angle at the ala of the nose, which had been left a little open to allow for any necessary drainage. The pieces maintained their position admirably.

For several days there was considerable discharge from the right nostril, his position upon his left side allowing the antrum to drain in this way into the nose. This finally ceased, and he was discharged. There remains still a slight depression, when compared carefully with the other side of the face, but one that is not casually noticeable, and one that is in no sense a deformity. The position and the movements of the eyeball are perfect. V. was not damaged, and is normal.

Ring - Scotoma.—Cases of this sort are either very rare, or else are from their peculiar character overlooked. The literature is very meagre, so that a new case, even if somewhat incomplete, is not without some value as a contribution to this obscure subject.

Chas. C. M.—, æt. 59. Seen November 15, 1897. There had been a sudden attack of central blindness in the right eye four days previous. He claims to have had a similar attack twelve years ago. He is rather a feeble old man, even for this age, but has had no distinct illness. There is no history or signs of earlier syphilis; he lives in a low-lying river village near by, but has never had dis-

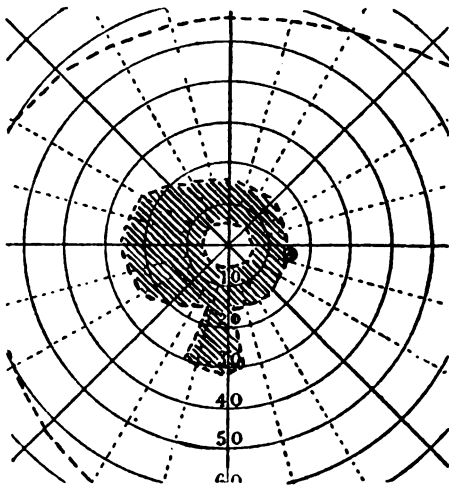


FIG. 125.

tinct malaria, and he has had no rheumatism. His urine was normal. There is an old divergent strabismus in the left eye, with V. = $\frac{1}{100}$, so that he is more sharply conscious of the new trouble in the other eye. In the right eye V. = $\frac{1}{100}$ in a small central field, about 10° in extent. Around this is a blind ring,

about 20° wide towards the nasal side; 10° wide above, below, and to the temporal side; and with a triangular prolongation extending about 15° further below. This is a "positive" scotoma, and he describes it variously as like a saucepan, or a hand looking-glass, or an ax with a short handle (Fig. 125). The scotoma

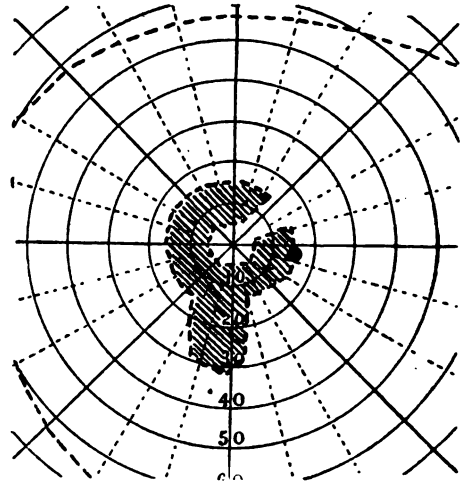


FIG. 126.

is absolute for colors, while in the other (although defective) eye the color sense is normal. In the scotoma, while the form of the words is well made out, all colors look gray. Beyond the scotoma *bright* colors are made out, in apparently about their normal fields. The field for form appears to be little, if any, contracted. He can also make out $\frac{1}{100}$ excentrically to the temporal side, just outside the edge of the scotoma.

He was seen again in a few days, and there had been no change in the conditions. He was put on iodide of potash, simply because I knew of nothing else to do, and had to do something.

He was seen again on December 22, and some changes were noted. The scotoma was narrower, especially to the nasal side, so that now it was more literally a "ring" scotoma. But there was a break in it, and a little isthmus joining the central field to the temporal field. The lower prolongation was about as deep, but it was more rounded, and its junction with the ring no longer contracted (Fig. 126). Color sense was still deficient in the central field. V., with + 1.00s $\odot$ + .50c 90° , was a trifle better— $\frac{1}{100}$.

He was not again seen.

Society Proceedings.**THE ACADEMY OF MEDICINE OF CINCINNATI.***Meeting of March 26, 1900.*THE PRESIDENT, C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Cholecystotomy for Gall-Stones.

DR. EDWIN RICKETTS: Mrs. C., aged thirty-five, widow; one child, four years of age. Has suffered for three years from occasional periodical obstruction, but not of enough consequence to demand opiates. One year ago she weighed 180 pounds; since that time has lost forty pounds in flesh. Stools clayish in color. Markedly jaundiced, even to the urine. Tenderness over region of gall-bladder marked, but a well-distended gall-bladder could not be made out. Cholecystotomy was done on March 18, in the presence of Drs. Bonifield, Shaw, Hall, Beebe and others. Fifty-three stones were removed. The case is progressing satisfactorily, and with a free flow of bile into the alimentary tract.

Specimen of Appendix.

Mr. R., aged fifty-five years, patient of Dr. Bickett, of Conersville, Ky. Has suffered from pain located in the abdomen for three or four years. On examining him I found marked tenderness over "McBurney's point," with evidence of fluid within the abdomen. The appendix was removed Monday, March 19, 1900, along with near one pint of fluid, from the cavity. Gauze drainage was resorted to. The free end of the appendix was attached to the peritoneum just above Poupart's ligament. So far the patient is getting on nicely.

Specimen of Stricture of the Esophagus.

DR. W. E. KIRBY: I have here a specimen which would probably furnish a pretty good proof to the Legislature of Ohio for the necessity of a law regulating the practice of medicine. The man from whom this specimen of stricture

of the esophagus was removed was treated for a cold on the stomach for six weeks before entering St. Mary's Hospital. On the morning of the 12th or 13th of this month, when I entered the hospital I inquired of Dr. Blanchard, the house physician, as to whether there was anything new upstairs, to which he replied that there was a man who had just come in with a stricture of the esophagus. He had made the diagnosis by simply conversing with the man and finding out his inability to swallow. We attempted to pass a small rubber tube for the purpose of confirming the diagnosis, and failed. Last Tuesday or Wednesday we succeeded in getting a small probang past the stricture, but I do not think that we did any good to the patient, while at the same time I am not at all certain that we did any harm. The patient presented unmistakable evidence of pneumonia on Saturday, and died at 11 o'clock on Sunday. The postmortem revealed a stricture of the esophagus, as you see it here, which is probably malignant in character. It had ulcerated into the trachea just above the bifurcation of the bronchi. There was nothing particular in the symptoms of the case. The man was not very much emaciated, and the perforation probably hastened the development of pneumonia. I would state that the party who treated him prior to his entrance into the hospital was not a member of the regular profession. The patient was forty-seven years of age.

Specimen of Paget's Disease of the Breast.

DR. N. P. DANDRIDGE: I have here a specimen of a breast which I removed, with the assistance of Dr. Zinke, several weeks ago, which presents admirably an example of Paget's disease. The patient was an unmarried woman about fifty years of age. She consulted me about four years ago for a little itching sensation about the right nipple, she claiming that from time to time a dry scab would form on it. While I have seen her repeatedly during the interval she never spoke to me about this trouble until a few weeks ago, when she came into the office

(having previously seen Dr. Zinke, who told her that he would advise her by all means to have the breast removed) to consult me about it, and I coincided at once with the doctor's advice. I found then that there was a little dry incrustation over the nipple. The nipple was retracted, and immediately below it there was a superficial induration. The breast was removed first by a simple oval incision without the axilla being opened, but upon splitting open the breast we found the nodule, which was immediately behind the nipple, and deeper in the breast was some suspicious tissue which we were uncertain as to whether it was the shrivelled up gland or whether it was carcinomatous, so that the complete operation was made and the axilla was very carefully cleared out. The woman had rather a large amount of adipose tissue in the axilla, which embarrassed the operation somewhat, but we did not discover any nodules in the fat. The case presents all the typical symptoms of Paget's disease. Paget's disease begins as a piling up of the superficial epithelium which penetrates into the true skin, and then into the ducts, and from there into the surrounding tissue. It is essentially chronic in its course, as is shown by this case. The microscopic section has included the deeper portion of the suspicious tissue which I have examined superficially, but I have been unable to make up my mind as to whether it presents an involuted breast, or whether carcinoma has extended to it. The tubules are somewhat distended. The surrounding fibrous tissue is such as you would expect to find in the normal parts shrivelling up.

Large Lipoma in Male Breast.

I have here some photographs of another breast tumor which is rather rare in occurrence. It is an enormous lipoma in the male breast. The man was some sixty-five years of age. He was a rugged, hearty man who had enjoyed the best of health. He came into the hospital with a large pendulous breast, which was very much larger than the ordinary female breast when it is fully developed even during lacta-

tion. It presented a lobulated appearance, and after examination a diagnosis of fatty tumor was made without any difficulty. The operation was made without the slightest difficulty. The tumor was found to spring from below the pectoralis major from the surface of the thorax. It was readily peeled out, and it was found to weigh six and a half pounds. The subsequent history of the case was without any special interest. I find in the new "International Text-Book of Surgery" an illustration of a tumor in the male breast resembling this one very closely, although not so large.

I thought it might be of interest in connection with this last case to present to the society a series of photographs from a case which was under my care fifteen or twenty years ago, while I was in the hospital. Dr. Schwab will probably remember the case well. The patient was a negress, fifty years of age, who came into the hospital with an enormous tumor springing from the left side of the abdomen. It was so large that she had to carry it in a sack, and most of the time really carried it in her arms. We had great difficulty in manipulating the tumor at the time of the operation, and after its removal it weighed eighty pounds. It was really the larger part of the woman. In order to handle the tumor we had to resort to the use of butchers' hooks, which were dug into the tumor mass, and a small table was placed near the operating table upon which to place the tumor. The tumor had dragged down the umbilicus, and during the operation we found a considerable hernia of the bowels had taken place, so that we came in contact with several feet of intestine which had escaped from the abdominal cavity. These were pushed back and held in place with towels while the rest of the extirpation took place. The patient lived five or six days thereafter.

Report of a Case of Necrosis of the Lower Third of the Ascending Colon Due to Chronic Constipation.

DR. E. GUSTAV ZINKE: I think it might be interesting in connection with

the reports of other cases this evening to say a few words about a case which was brought to my attention about two weeks ago. At the time just stated I was called to Gallipolis with the request that I come prepared to operate upon a man for appendicitis. I arrived there the next morning at 9 o'clock, was introduced to the patient and made acquainted with the following history:

The gentleman was about thirty-six years of age, well built, medium size, well nourished, and an excellent family history. He was taken to his bed on the Saturday previous, three days prior to my seeing him. He had a history of excessive constipation for many years. His bowels would not move without medicines, and he had a great deal of trouble relieving himself even with the various remedies ordinarily employed. He had gone to a society meeting the Friday before, and he stated that he was very much annoyed with a feeling of heaviness in the region of the appendix. He said it felt as though something was there which ought to be removed and he kept kneading that region with his hands, trying to work it away. On the next day he was obliged to go to bed and send for the doctor. He suffered with intense pain; his temperature was 102° , pulse 110, abdomen very much distended, and history of constipation. The doctor in charge of the case employed some very strong cathartics, but did not seem to succeed in obtaining a stool, but by the time I had arrived the bowels had acted several times, and when I saw the patient he was rather comfortable; the pain having subsided and the distention had gone down. The pulse had also dropped to 100 and the temperature to 99° . Under the circumstances I refused to operate upon the man for two reasons: First, I did not think an operation was indicated because of the improved condition of the patient; secondly, I did not look upon it as a case of appendicitis, but thought that the trouble was probably due to impaction of feces, although I did not express that opinion at the time, merely mentioning it for the sake of having spoken of it so that we might at least say we

had thought of it. I thought if the man had appendicitis, later on the operation might be done if necessary, and with a much greater prospect of recovery than at this time. A third reason for not operating at once was that the patient was not in a very good condition from an aseptic point of view.

I left in the afternoon of the same day, about 1:20 o'clock, and I did not hear again from the patient until the following Thursday morning, when the doctor telephoned me that the patient had become delirious from the time I left the town; that his suffering increased very markedly and that the patient was almost beyond relief; that all the injections of morphia administered did not afford relief; the principal pain being over the iliac crest in the back. The doctor asked me if I did not think it advisable to make an incision in that region. I asked him if there was any distension or fluctuation in that region, to which he replied that there was not. I told him that it might be perfectly proper to do so, but if he did it he must do so on his own responsibility. The bowels in the meantime had acted at intervals, but the patient seemed very much worse. His pulse was 130 and the temperature between 102° and 103° . I received a message on the following Saturday stating that the patient had died Friday evening.

A week ago to-day, I received a letter from the doctor in charge, informing me of what he found postmortem. He found in the peritoneal cavity a brownish fluid with a fecal odor, but there was no perforation anywhere, the appendix and lower part of the ascending colon was black, showing all the evidences of necrosis. From the condition described in the letter as being found postmortem, and from what I knew personally of the case, I felt certain that this was originally a case of fecal impaction and probably the necrosis of the bowel occurred on account of the pressure which he brought to bear upon the distended gut when he was manipulating his abdomen at the society meeting. From the history of the case and the subsequent developments I felt rather pleased that I did not operate. The patient died

evidently because of the absorption of the exudation which resulted from the death of that part of the bowel. Might a removal of the fluid and possibly a resection of the bowel have saved this patient's life? I have had a case of necrosed ovarian cyst due to twisted pedicle, the patient refusing to be operated upon at the time she was urged to do so. She died simply from an absorption of the exudate, although the case was only five days old when she consented to the operation. The operation was very simple, easy and without shock. The fluid absorbed caused death by poisoning the central nervous system. The case of the man just reported terminated, I think, in the same way.

Recurrence of Diphtheritic Membrane.

DR. ALFRED FRIEDLANDER: On March 6, 1900, I was called to see Mr. G. J., aged twenty-nine, who, on examination, was discovered to have a severe pharyngeal diphtheria. Both tonsils and the posterior pharyngeal wall were covered with exudate. The constitutional disturbance was severe, temperature being 105.2°. Patient, who had just returned to the city the day before, had not been feeling well for several days, but had no pain in the throat prior to the day before I saw him. Two thousand units of Mulford's concentrated antitoxin No. 3 were at once injected, a spray ordered and other necessary details of treatment arranged. Twenty-four hours later there was very decided improvement, and on March 9, three days after the antitoxin had been injected, the throat was clear.

Three days later (March 12) I was called early in the morning by the nurse in attendance, who said that Mr. J. seemed much worse. Examination now showed that the entire right tonsil was again covered by membrane, the left tonsil being free. Two thousand Mulford (No. 3) were again injected, the patient now making an uneventful recovery.

Recurrence of formation of a diphtheritic membrane, an event of frequent occurrence in the pre-antitoxin days, is, under the modern method of treatment, sufficiently rare to warrant

report. Repeated doses of antitoxin are sometimes necessary to effect the disappearance of a membrane already formed, but it is not usual to have a second membrane form after one has disappeared under antitoxin.

It is worthy of note that the nurse in attendance in this case contracted diphtheria herself, showing that the contagium was especially virulent, as was also evidenced by the extreme prostration and pronounced constitutional disturbance of the patient himself.

Two children who remained in the house—though, of course, not allowed in the patient's room—each received five hundred units of antitoxin as an immunizing dose. Neither child contracted diphtheria.

Cerebellar Hemorrhage.

DR. S. E. COOK: B. A., aged sixty-four. German. Family history good. Father sixty, died of dropsy, cystitis; mother eighty-four, senility; brother seventy-two, senility. Married and has had twelve children, six of whom are dead; all died of some intestinal trouble during infancy. No specific history obtainable. Had sunstroke about eight or nine years ago; sick about two weeks. Had typhoid twenty years ago. Drinks beer and whisky moderately. Weight, 180 pounds; height, 5 feet 8 inches. Was called November 10, 1899. Found man sitting up in chair with head hanging somewhat to one side, breathing normally. Gave following history: Went to work feeling good and in perfect health. Was wheeling dirt in wheelbarrow a short distance, not making any unusual exercise. Suddenly he began to feel dizzy, but thought nothing of it and continued his work. Ten minutes after he became very dizzy and objects appeared to dance from left to right. He was unable to stand and fell to the ground, not losing consciousness. After a time he was able to raise himself to knees by aid of a stump. He vomited twice and only complained of being dizzy; otherwise he felt all right. Pulse good, but hard and incompressible. No increase in temperature. Gave a dose of calomel, and also quinine and phenacetin for two days;

no improvement. Then began use of potassium iodide, beginning with fifteen drops of saturated solution, increasing five drops every two days for three days, then increased twenty drops per day until he was taking 160 drops three times daily. He began to improve after four days' use of iodide. Was discharged December 10, just one month after onset of trouble. There were no paralytic symptoms at any time. Knee-jerk normal, pupils reacted to light, and emptied bladder and rectum regularly.

Diagnosis: Cerebellar hemorrhage (?)

Influenza with Multiple Complications; Death.

DR. CHARLES MEYERS: Case that of a female, aged seven months. She was seen for the first time on September 23. Had been sick since the previous day. Refused food, vomited, had green stools containing a considerable quantity of mucus, slight cough, temperature normal. Examination showed a distended abdomen. Mother had been somewhat indisposed for some little time, so that mother's milk was discontinued and albumen water ordered for food.

On the following day vomiting had stopped, but the other symptoms persisted.

On the morning of the 25th (fourth day of sickness) child was screaming with pain (probably abdominal, as it was quickly relieved by a high enema). This was followed by marked prostration, cyanosis, feeble intermittent pulse, temperature 98° in the axilla. At this time Dr. Mark Brown was called in consultation. Child was given a hot bath, whisky and digitalis, and reacted promptly. A second collapse occurred during the following night. Child was given subcutaneous injection of normal salt solution, four ounces; a hot bath, whisky. Pulse improved immediately after the salt water injection, and in less than an hour was in good condition.

On the morning of September 26 (fifth day) a third collapse occurred; child reacted in about thirty minutes to the same treatment as above.

On the morning of September 28 (seventh day) there was a sudden rise of temperature of four degrees in three hours. The temperature remained between 103° and 104° for the two days following. Toward the evening of the same day a severe laryngitis set in. Voice was completely lost, child could not cry out loudly, but only whined. There was also severe dyspnea, temperature 103°, pulse 160, respirations 80. The pharynx was only hyperemic. Repeated examination showed no signs of false membrane in the throat. A steam tent was arranged, and in three hours the dyspnea was greatly relieved. On the following day respirations were again 60 per minute.

September 30 (ninth day), a discharge of blood and pus came from the left ear, the temperature fell to 101°, and by the next day was normal. The dyspnea was gradually relieved, but hoarseness continued.

October 2 (eleventh day), pulse, respiration and temperature normal; however, child was fretful; would cry loudly for a short time, but would soon become hoarse.

October 4 (thirteenth day), both child and mother appeared to be in good condition, so the child was allowed to again nurse, as it passed cow's milk undigested. Towards evening nausea, vomiting and restlessness returned; temperature 101°. This was quickly relieved by changing food.

October 5 (fourteenth day), dyspnea returned, temperature 101°, respirations 60. The steam tent was rearranged. By evening there was much improvement; temperature 99.2°, pulse 100, respirations 40.

October 7 (sixteenth day), harsh cough towards evening.

October 8 (seventeenth day), much better. Pulse, respirations and temperature normal. Child appeared bright, enjoyed her food, and it seemed that she would soon be completely well.

October 9 (eighteenth day), a croupy cough developed, and temperature went up to 101°. Steam tent gave no relief. During the following night the child had three attacks of what appeared to be spasm of the glottis. The cough

became more and more frequent. At 5 o'clock the next morning the temperature was 103° in the axilla. Two hours later the chest was full of mucous râles. The child soon became pulseless and cyanosed. A hot bath relieved the cyanosis, and salt water injection brought up the pulse for a time, but she soon ceased to react to all stimulation and died at 9 A.M.

The peculiarity of this case was the suddenness and acuteness with which the symptoms developed; also the three prostrations coming on in rapid succession; the sudden rise of temperature on the seventh day, with laryngitis and acute otitis media purulenta; then apparent convalescence, followed by croup, pneumonia and death.

Case of Congenital Tuberculosis.

DR. B. F. LYLE: Upon December 2 of last year there was admitted to the Branch Hospital a colored woman, aged thirty-two years, by name Bettie Pann, single, who had been a resident of this city for ten years. Her occupation was housework. Her illness had dated back two years. Her father and mother are both dead, cause unknown. One brother died of consumption. She had had one child which lived to be eighteen months old, which died four months before her admission to the hospital. She complained of severe cough and expectoration, and also suffered from incontinence of urine. She was intemperate, had had pleurisy one month before her admission, hemoptysis of a profuse character two years ago, had had night sweats for one year, and said that she was pregnant seven months. Her temperature was 101.6° , pulse 104, and respiration 30. On percussion there was found tympanic resonance above fifth rib on the right side, and dulness over the entire remaining lung areas. On December 15 she gave birth to a child weighing three and a half pounds. The labor did not seem to have very much effect on the progress of her disease; she was unconscious to a large degree at the time; in fact, we did not know that labor was taking place until the cry of her child was heard. Her uterus contracted well, with no hemorrhage

afterward. The placenta was examined by the nurse. She had been asked to save it, but failed to do so, but she said there was nothing abnormal about it. The child, as I said, weighed three and a half pounds at birth, and lived about two and a half months. It gradually increased in weight for about two months, when it reached its maximum weight of five pounds; then it gradually lost in weight, until it weighed four pounds when it died. A postmortem examination was made and the lungs, liver, spleen and kidneys were found to be full of tubercular nodules, all of which were in a caseous condition. Also found the bronchial glands greatly enlarged. There is no difficulty with the intestines or mesenteric glands; in the organs mentioned you will find an enormous number of tubercular deposits. I think this is a case of congenital tuberculosis, as I doubt if the child could have had such advanced lesions unless they had started during fetal life.

Specimen of Aneurism with Rupture into the Bronchus.

I have here another interesting specimen, that of an aneurism which ruptured into a bronchial tube. The aneurism is very large, and contains nearly a pint of fluid. The outer coat of the bronchial tube at the seat of rupture is very much eroded, the rings being exposed. The opening into the tube is as large as a goose quill.

IN order to relieve the pain and irritation caused by the removal of dressings adhering to a wound, pour some peroxide of hydrogen over the adherent part of the dressing. This will rapidly soften the coagulated discharges, and the dressing will come off readily. This method saves the time employed in prolonged soaking with ordinary solutions, and relieves the apprehension so usually shown by patients at each fresh dressing.
—*International Journal of Surgery.*

FOR abscesses, take boric acid and acetanilid, equal parts, and glycerin to make a thick paste; spread on a soft cloth and apply—*Med. Summary.*

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317 W. Seventh St., Cincinnati, O.

CINCINNATI, MAY 19, 1900.

Editorial.

AGITATIONS.

As waves of thought follow one another, it may be observed that some are large and are carried forward with a force that is well nigh irresistible. At this particular time the dominating wave is pushing educational problems to the front. The entire field, from the district school to post-graduate colleges, is in a state of agitation. Courses of study are being revised, shortened and extended; natural phenomena, including all growing life, are being studied and investigated as never before. New knowledge is thereby being developed, methods perfected and wisdom gained. The new and novel of yesterday is ancient and musty to-day. All the the world is in motion.

Still towering above all is the old axiom, the greatest study of man is man. The future development of the infant is presaged before its birth, after which is the puling period, and then special training in a school life. To start in this trend, the favoring circumstances of good breeding tell of the

possible future of the child and adult, of the citizen and nation. Like not only seeks like, but produces like. Figs do not come from a sowing of thistle down, or calves from a mating of dogs.

That the child may be rightly trained it must be well bred in the first place, then comes the potent influences of environment, which, if of evil significance, must be resisted, or the training will be of little or no avail.

This question of influence of environment is exceedingly difficult to satisfactorily solve. The advantages and disadvantages of city and country life constantly come to the front. With a country lad the answer is that God made the country and man made the city, hence the superiority of the country. He is right. Development of the child is most favored in the woods and fields, where an unrestricted growth may take place. It is in such a surrounding that the boy is the father of a man, and girl the mother of a woman.

In the city natural cleavages of resistance cannot be overcome; the physical, moral and mental being of the growing child is always, to some extent, twisted, warped and stunted. For a proof of this a visit to any city school will supply an abundance of evidence that cannot be controverted.

One of the first things that strikes such a visitor is the system of gradation of pupils according to a mathematical method that is seldom natural; every one is made to conform to a given groove. The dolt and genius have the same lessons, and in this city no opportunity is given in an entire school course to advance the bright pupil beyond the pace that is set for the one whose mental processes and capacity are below an imaginary standard. An

inflexible method pertains that holds a large majority of children in leash. Against this unnatural method, educators who think up and out have been and are in a state of mental revolt. A change will result.

The child that takes up and pursues special elective studies should not hold the one in an adjoining seat in idleness in order that he may keep even in regular school work; nor is it just to the public school system that teachers of special subjects should be required to force a single hour of idleness upon regular teachers.

An enforced waste of time and energy is the bane of the Cincinnati public school system. Other cities are to a more limited extent in the same abnormal and unfortunate predicament. The wave of a new sentiment has come to the growing child none too soon. The wave is here, and so are those who object, but reason and righteousness must and will prevail.

Enforced idleness of pupils and teachers must be replaced by industry and occupation. Two teachers assigned to the work of one is a practice that would not be tolerated in any other occupation, and no private business could long afford the expense; therefore it must stop.

The school fund purse is already flat from pressure and natural demands which must be met. A better illustration of the extent of former methods cannot be given than in the fact that a careful consolidation of small classes and transfer of teachers not employed full time, has carried the Cincinnati schools through the current year without requiring any new appointments of teachers to take the places of those who for one reason or another have dropped out. A transfer of special teachers to regular work would carry the schools

through another year without new teachers, and at the end of that time school work in the regular classes would be better than at any time under the old system of enforced idleness in the schools.

A natural question at once arises and is put as to why these changes were not made long ago. The answer is that it was not expedient. Education is progressive; old factors that were in their day necessities are now classified as luxuries, and new requirements have arisen. No one is particularly to blame for changing conditions any more than they are for governmental expansion. It is always hard and difficult to give up traditions, but at times they must go, just as a piece of machinery which, when only half-worn, becomes unprofitable to a manufacturer is taken out and replaced by a machine that will do the same or more work at less cost. It is by such changes from time to time that he keeps even with or in advance of his competitors. It is precisely so in educational work. The old log school-house did the work of its day, and did it well; and so with its successor, which served its purpose, only to be replaced by a more modern structure, each alike in one thing, in being better than its predecessor. In making a change in each instance the objector had his sentimental notions to project, but the great waves of thought came along and amid protests and proclamations of misfits were carried along into a new and better way.

The Cincinnati Board of Education last winter bumped up against financial shoals and rocks and appealed to the Legislature for additional funds, and were told in unmistakable language not uttered in word form that the board must adjust its courses of study in the schools so as to make them conform to

the present revenues. In making this reply the Legislature assumed the entire responsibility, and relieved the board of all charges in the case.

It can be shown by a little inquiry at the desk of the Clerk of the Board of Education that more than

\$150,000.00

are annually expended for salaries of special teachers, and that these special teachers cause the regular teachers to waste an equal amount of time during the period of their presence in the school room. Think of the profligacy of expenditure of time and money, and one will not wonder very much at the lack of concurrence of views upon the part of the Legislature with the Cincinnati Board of Education.

In this connection it may be proper to mention the fact that there are some

HIGH SCHOOL TRADITIONS

which need some serious considerations, one of which is downrightly wicked and an offense against human nature as manifested in boy and girl life. Reference is made in this assertion to the school hours, which should be revised so as to make them conform to the requirements of humanity. At present the arrangement is to begin school work at 8:30 A.M., a short intermission at 11, and then continuous study and recitation until 1:30 and 2 P.M., and sometimes special studies are continued to a later hour. These unnatural hours are followed by a requirement that armfuls of books should be lugged home by the pupils and studies continued. A greater outrage could not be perpetrated upon boys and girls at the sensitive period of puberty. A natural result of this iniquity is observable in a dropping out of almost half of the entire class in the first year of high

school work. It would naturally be supposed that so large a percentage would long ago have caused inquiry to be made as to why this was thus, but traditions have been so strong as to resist any attempts that may have been made to rectify this flagrant evil. However, there is hope, and some belief that an investigation will be entered upon one of these days, and so there will come a rectification of conditions.

Sentiment bobs up as an obstructionist, and has an influence that is powerful and difficult to overcome. It is there, and without rhyme or reason plainly wants to know what is going to be done about it. Don't know. Do you?

THE LAW.

Rumor has it that the so-called magnetic healers are about to bring suit to determine their professional standing in the Ohio courts. No doubt all sorts of attacks from all sorts of people will be made against the validity of the law. Those who belong to a criminal class never do have a good opinion of the law. All quackery lives by practicing a false pretense for compensation, and it has long since been determined in the courts that obtaining money by false pretense is a felony. It may be a right good thing to let some good healthy daylight shine in and illumine the ways that are dark and tricks that are vain which to the healers are peculiar. Visions of stripes and bars sometimes exert a wholesome psychic therapeutic influence.

The Board of Registration and Examination is on the watch tower, with guns loaded for all sorts of game. During its existence members of the board have acquired lots of experience, and are now ready to dispense their possessions in this line in job lots.

It is a pleasure to note the action of the United States Government in relation to the Weltner healers, placing their mail on the list of frauds. This is right and just to the people. The Weltners were large advertisers, and were mediumistically treating scores of patients, making use of the mails for this purpose. It is a most difficult thing to get people to testify that they have been duped and swindled. The ordinary American citizen has so good an opinion of himself as to be firmly convinced that under all circumstances and conditions he is competent to take care of himself. All of which is true in most instances, but there are some—a small remnant—who need a guardian, and it is for these that the paternal functions of the Post-Office Department are called in requisition.

No better evidence of a higher civilization can be found than the voluntary elimination of quack medical ads. from the daily newspapers. The tide has turned against fraud and pretense, and it will not recede. Without a free use of the mails and columns of the newspapers all such business will soon come to an ignoble termination. Not one of them has a local patronage of any consequence. They more easily catch the gulls that have their homes in distant States.

The quacks in this city who have been successful in getting ill-gotten gains never cultivate a home patronage, and not one of them was ever known to possess the professional confidence of those who knew them best. Such creatures may be able to write a check for a hundred thousand and have it cashed at a home bank, and at the same time are usually not qualified to write a simple prescription that would be accepted by the same bank officials for relief of an ordinary colic. Financial

standing that is ever so good is not equal to professional attainments of a very mediocre character. In both it is purely a matter of confidence. Hence, the quack is successful when duping those who are not familiar with his wiles.

A REAL PHILANTHROPY.

The newspapers announce a tender of several acres of ground in the western part of the city to the Board of Education by Peter Rudolph Neff. The great value of a gift like this cannot be computed in dollars and cents. In the first place, it indicates in the donor a man of rare good judgment and foresight. Thereby he erects for himself a monument more enduring than bronze or granite. That is an unjustifiable selfish view, and small carping critics may say the donor adds that much and more to the value of his other possessions. Let us fondly hope that it does, for the man who is both liberal and broadminded enough to see in the public educational system of a great city an avenue to do a real good to many thousands of people is rich indeed. The west hill on which Mr. Neff's gift is located is in need of a high school, and the Board of Education will do well in erecting a structure there that will place the donor in line with Woodward and Hughes.

Most men of means have hobbies in regard to the channel through which they desire to disburse their accumulations. The first and natural thought is of one's own blood, and usually the next is a contribution to a support of the church of the giver; then bubbles up the claims of benevolence and charity, and after these are educational visions. These subjects are all worthy and deserving of favorable consideration.

In the higher walks of education

there are apparently more attractions for givers of good gifts, and it is a grand thing and worthy of all commendation to be able to endow a college or university, even in one of its professorships; but it is yet grander to have in mind the little ones whose parents, do not even hope for a classic education for their progeny. Orators may praise and poets sing songs of glory to the men who create colleges, but it is left to the angels above to tune their harps and echo in a mighty anthem the tributes of honor that justly belong to the man who loves little children and gives of his substance to educate them in the essentials of life.

A word more: Mr. Neff does not wait to give his executors a chance to disburse his gift, but takes that splendid pleasure to himself, and right well should he be permitted to enjoy his munificence.

OBITUARY.—Dr. Frank B. Mussey died at his home in Glendale, May 11, 1900. Dr. Mussey was born at Hanover, N. H., November 25, 1819. Graduated at Dartmouth College in 1840, and from the Medical College of Ohio in 1844. In the war of the rebellion he served as surgeon of the Thirty-third O. V. I. During the late years of life Dr. Mussey suffered greatly from chronic rheumatism, which was an indirect cause of his death. Owing to his physical infirmities Dr. Mussey was not engaged in active practice for nearly thirty years. As a practitioner he was always an exemplary man, and up to the last year of his life took an active interest in the work of his profession.

May 14, Dr. J. R. Weist died at his home in Richmond, Ind., aged sixty-six years. During the war of the rebellion Dr. Weist served as a surgeon of an Indiana regiment. He was well known in his profession as a skillful surgeon.

Book Reviews.

Imperative Surgery for the General Practitioner, the Specialist and the Recent Graduate. By HOWARD LILIENTHAL, M.D., Attending Surgeon to Mount Sinai Hospital, New York City. With numerous original illustrations from photographs and drawings. New York: The Macmillan Company. 1900. Price, \$4.00 net.

It is unfortunate that so magnificent an exponent of the publisher's and illustrator's art should contain so little of real value. In the preface we are startled by the statement: "The practitioner of medicine who rarely takes up the scalpel, the specialist whose path seldom leads him to the operating-room, and the recent graduate who, though versed in the lore of the books and lectures, has seen but little surgery at close range, are those for whom this book has been prepared. . . . It presupposes the absence of a surgeon and the impossibility or inexpediency of removing the patient or of waiting for expert assistance." "The general practitioner who rarely takes up the scalpel" does so still less frequently at the present, when good surgeons are so numerous and so widely distributed that a delay of an hour or two will bring one within the reach of all. "The specialist whose path seldom leads him to the operating-room:" the specialist is always in centres of population that contain competent and skilled surgeons. He has enough to do to keep up with the literature of his specialty. Imagine an oculist wading through some scores of pages on abdominal operations! There remains "the recent graduate who, though versed in the lore of the books and lectures, has seen but little surgery at close range." It is customary at this time of the year to accuse the recent graduate of being versed in a great many things, to his own infinite amazement, but it was to be hoped that the text-book would not catch the infection of the valedictorian. Your recent graduate is much more inclined to call to his aid his old teachers than to rush in madly, and his very caution does him credit. Why this trio was not made a quartette, and the surgeon added to

the list, is the author's secret, for many of his hints and descriptions, to say nothing of the superb illustrations, could not help but be of aid to this specialist; though perhaps, at this date, very few of the latter would agree that a hernial wound should be packed rather than suture skin incisions; it would be casting too great a doubt upon his confidence in himself to perform good surgery. After all, there are very few operations which, strictly speaking, can be called emergency work, certainly not enough of them to warrant a book of this nature.

M. A. B.

The American Year-Book of Medicine and Surgery. Under the general editorial charge of GEORGE M. GOULD, M.D. MEDICINE. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900. Price \$3.00 net.

The change that has been made in the policy of this popular year-book of issuing it in the two general volumes of medicine and surgery has been spoken of before in these columns. The volume under consideration, Medicine, is one that cannot be accorded too high praise; no one interested in the progress of internal or general medicine will regret having this book upon his shelves. Under the infectious diseases particular attention has been given to the malarial and typhoid infections; the progress of study of the cerebro-spinal fevers has been carefully followed. A short review has been made of the several cases of trichinosis, in which there has been recorded a great increase in the eosinophilic cells in the blood, as reported by Osler, Atkinson and others. Indeed, the many interesting and important facts related under diseases of the blood show conclusively how great a hold hematology is taking in internal medicine. Pernicious anemia is by no means the rarity it was once supposed, and this must be ascribed entirely to the habitual blood counting, which has become a routine examination in most of the larger hospitals. The section on pediatrics has been left to the able hands of Louis Starr; particular attention has been paid to hygiene, infant feeding, and diseases of the digestive tract. Other sections allied to medicine, and to which attention has been directed

in this volume, are pathology, nervous and mental diseases, cutaneous medicine and syphilis, materia medica and pharmacology, physiology, legal medicine, public hygiene and preventive medicine, and physiologic chemistry, the whole rounding out a digest of the year's work in this field that would be hard to equal and well nigh impossible to surpass.

M. A. B.

AMERICAN PROCTOLOGIC SOCIETY.

—The following officers were elected by the American Proctologic Society at Washington, May 5, 1900:

President—Dr. Jas. P. Tuttle, New York, N. Y.

Vice-President—Dr. Thos. Chas. Martin, Cleveland, O.

Secretary—Dr. Wm. M. Beach, Pittsburgh, Pa.

Executive Council—Dr. S. T. Earle, Jr., Baltimore, Md.; Dr. A. R. Cooke, Nashville, Tenn.; Dr. J. R. Pennington, Chicago, Ill.

THE American Gastro-Enterological Association is the title of the latest specialty organization.

Citric Acid in Ozena.

From his experience of the action of citric acid in ozena Dr. Somers (*Therapeutic Gazette*) concludes:

1. The drug is of great value in preventing the fetid odor of atrophic spinitis.

2. The successful action depends on its direct application to the diseased tissues. For this reason the removal of all foreign material is absolutely necessary.

3. After its use the ozena usually remains absent from one to two days.

4. It exercises no direct action upon the morbid tissue in the direction of restoration to its normal functions.

5. Its action, unless regularly used, is transient.

6. To a moderate extent it inhibits scab formation.

7. It enables the rhinologist to successfully combat ozena.—*Med. Press and Circular*.

THE CINCINNATI LANCET-CLINIC

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WHOLE VOLUME LXXXIII

Original Articles.

"OUR STUDENTS AND OUR TEACHING."*

BY JOSEPH RANSOHOFF, M.D., F.R.C.S.,
CINCINNATI.

In the thirteenth century there lived a monk and physician, Simon Cordo. He wrote a key to health. It is not on record whether he wrote it from experience or to acquire it. At all events he gained distinction. It is stated of him that in order to avoid the inconvenience attending his great popularity as a master in the healing art, he built a pillar ten feet high and sojourned upon its top. This elevation being inadequate to free him of the homage of his clients, he from time to time added to the height of the pillar, until finally for thirty years he lived in a house perched sixty feet from the ground.

To each of you this hour is all-important. You are born into life work. So at this season of the year are 1,500 fledglings from 121 medical schools added to the 100,000 doctors already in practice in our vast domain. Therefore, it is not likely that you will soon be called upon to follow the method of Simon Cordo. Your first work will be experimental. But you will not do the experimenting. You will be on trial for some little causes against disease and injury, with the patient and his friends as judge and jury. Acquit yourselves well in these first trials, and the experimental period of your career will be short. "For inasmuch as you have been faithful over a few things, you will be made rulers over many things."

The beginning of life's real work is a venture. It is well that this does not appear to him who, when the start is made, is in early manhood, when the heart is full of hope, desire and faith, when courage has not yet failed because of ambitions beyond the strength to do. To enter on a medical career is doubly venturesome, for interwoven with the failure or success of the doctor are the welfare and lives of those that have faith in him. Therefore, it is fitting that before going into the battle of life you be mustered now for the final inspection. Have your lives thus far been fashioned for the service you are about to enter? Are you equipped for the work before you? Keen is our interests, my colleagues and mine, in the outcome of this review, for we feel answerable, first, for the quality of the recruit admitted to the service, and second, for his special training.

In looking over the list of graduates of the last three years, I find that a little less than 25 per cent. were admitted to the study of medicine by reason of holding academic degrees. Sixty per cent. of the matriculates held high-school diplomas or teachers' certificates, and the remainder entered with nothing more than a common-school education, assured by an entrance test-examination. One might rightly question the wisdom of admitting the last contingent. In Continental Europe a preliminary classical training is always made an absolute requirement of medical study. In England the higher degrees cannot be obtained without it. In this country only one school of medicine with large endowment demands the academic degree of each matriculate. Within another year a second school will make such a training a requisite. Were medicine all scientific,

* Valedictory address at the Commencement Exercises of the Medical College of Ohio, May 8, 1900.

as is its tendency, or controversial as to dogmas and doctrines, as it was, only college men would be worthy the service. But the real aim of medicine is the healing of the sick and the care of the wounded. In no slight measure is this an applied art, and to that extent is a higher education, however desirable it may be, none the less non-essential. Therefore, to those of you who are lacking in this higher education, I would say, despair not, even of doing great things in your chosen calling. Many of you are from the rural districts, and have learned things beyond the curriculum of any university. Always close to nature and with few things to distract you, you have learned with eyes open to see, to observe. The knowledge that you brought to the study of medicine was your own. You brought with you one great requisite of a physician, self-reliance. No spirit of emulation guided you to our portals. You were led by an inherent desire to take part in a noble work. You came because of the unvarnished grandeur of the William McClure of your district. You know him, you have seen him with the mysteries of life and death about him, alone in his struggle with the suffering and sorrow that beset him on every side. "You have seen him, perhaps, close the dim eyes of some old laborer whose toil is done, or spend the long hours of a winter's night in some wretched hovel, where even the ushering in of a new life may have failed to bring gladness. Through it all you have seen this man stand alone. No colleague to counsel or cheer him in his work. All this without *eclat* of public position or reward of fame."

As the moss of Iceland flourishes best under the snow, true genius often grows best when unhampered by excess of knowledge. We have our Abraham Lincolns in medicine. The three medical men of this country, who have written their names highest on the pillar of fame, McDowell, Sims and Gross, were all country born and reared. Two had a common-school education, and the third a two-years' college course, but little better. Yet each in

his way opened a new field in the art of surgery, and because they lived lives beyond number have been prolonged and untold suffering cut short,

In 1783 there died in London one whose youth was free, unschooled and untrained. Part of his teens were spent at the cabinet-maker's bench. The growth of his genius was untrammelled by knowing little of many things. Since 1814, the 14th of February of every other year has been set apart for an oration in his memory. His ashes repose in Westminster Abbey, but the name of John Hunter is as a living presence to-day wherever medicine and its correlated sciences are taught. It was not believed that good could come to medicine but through the portals of Oxford, Cambridge or Edinburgh. After announcing his first lecture on comparative anatomy through the press, Hunter found but a beggarly account of empty boxes when the hour of its delivery arrived. His servant man was his only auditor. Hunter said to him: "William, take the skeleton from the wall and place it in a chair beside you, in order that I may begin my lecture by saying, gentlemen, with grammatical propriety." To an opponent who charged him with ignorance of the dead languages, he answered: "It is true, but I can show you things on the dead body which you never knew in any language, living or dead."

To Hunter, McDowell, Sims and Gross are in a large measure due the immense strides which surgery has taken. The surgery of the blood-vessels, of the abdominal cavity, and most operations of repair surgery, owe their being to these men, untrained in early life. Genius such as theirs is rare. Our legislators are aiming, perhaps with questionable wisdom, to exclude the possible development of such genius by raising too high the standard of admission. It is to be hoped that the portals of our schools will never be entirely closed against the entrance of some great mind from the ranks of those schooled in but little more than the book of nature. From a view-point unclouded by conventional training, with perception keen for fresh impressions, he may

see things unseen by others and venture into fields before untrodden.

Sixty per cent. of our graduates of the last three years were admitted to the study of medicine on a diploma from a high school or teacher's certificate. Every one of this contingent is sufficiently versed in Latin, and possibly in Greek, to overcome the few difficulties of technical terms; likewise in chemistry and physics, to begin the study of physiology, and knows enough of one modern language other than his own wherein to read medicine if he so inclines. When medicine was less an applied science than to-day, when theses which no one reads were written in Latin, when the readier debater in some polemics over the humors of the blood was deemed the better physician, and when abstract reasoning took the place of demonstration, a classical education had its value, since the doctor, "doctus," must needs be learned in something. In the past half-century chemistry, physics, and last, but not least, biology, have placed medicine on a scientific basis. It has forever been removed from the purely learned professions of theology and law. Therefore, there are not a few medical educators who believe that the training afforded by a school of technology better prepares a man for medical study than one largely classical. In our high schools and smaller colleges there is a happy combination of all the requirements that can reasonably be demanded of the prospective medical student for many years to come. Each year the country needs a certain number of men to treat the sick. To meet this want there are not enough college-bred men who desire to enter the profession. With the exaction of a college degree three-fourths of the student body would be forced to schools of inferior grade and enter the practice of medicine with inferior preparation. Far better is it, therefore, that with such requirements as are exacted they be admitted to the older and better equipped schools, where, by conscientious work, they are at least well fitted for the professional labors that are before them.

Nearly every fourth man of our last

three graduating classes entered with advanced standing—that is, he had a college degree or its equivalent. It is greatly to be desired that this proportion be increased, for from the college graduate must be developed the highest type of physician. There are wanted more men with the mental training and habits of study which a four years' college course are supposed at least to bestow. Whether the scientific or the classical, or the happy combination of the two be followed, is of slight moment. "The college graduate may have his brain full of useless knowledge, but he has been trained to know the value of a fact, and the nature of a law. He is familiar with what is necessary to prove the one and establish the other." Trained to reason logically, he must of needs from a higher plain view the phenomena of physical life and lead the way for them that are on a lower level. The progress of medicine is not altogether along technical lines. Medicine is a science irrespective of its practical value when applied. In proportion to the development of its fundamental principles is the furtherance of their application made possible. Virchow, and Koch, and Lister have in this generation raised medicine to its present high plane not by reason of technical skill, but by the logical enunciation of broad principles concerning the nature of disease, however varied its outward manifestations. Qui Bono did not enter into the minds of the discoverers of the germ theory of disease. Its broad principles once established, their practical application to prevention and cure could not be long delayed. With the college reared man rests this leadership in medical progress. In the application of a principle to the practical work of medicine an inventive mind may add largely to the art; but the furtherance of the underlying science can only come from men trained in science. Therefore would we gladly welcome an increase in the number of college graduates enrolled on our matriculation lists. We do not look for it. In the largest medical schools of the country the relative proportion of college graduates has decreased since a

four years' course of medical study has been made obligatory. Added thereto a year of medical hospital work, and another for post-graduate work, makes the best equipped medical man nearly thirty before he can put to independent use the knowledge he has acquired. In view of present-day social economics this is too late. Success, if it comes at all in life, should come early, lest it fail of those things which alone make it worth the having, the sharing it with others and the urging on to even better work. In the near future academic and medical faculties must arrange their respective curriculums in such a way that the time required for obtaining a liberal general education and the requisite special knowledge of medicine shall not exceed six years. By such a move more than by any other would the standing of medicine among the professions be lifted to a still higher plane than it now holds.

In the last five years your college has demanded of its students attendance on four courses of lectures regularly divided through four calendar years. The graded system of allotting to each year of the course its particular studies has been rigidly adhered to, and the studies from first to last have been arranged to always keep in view the aim of a good medical school—namely, to fit its graduates for the cure of disease and the care of the injured. Conforming to this idea, two years have been devoted entirely to the objective study of the body in health and disease. During these two years you were entirely excluded from the dispensary and the hospital. Whether this is altogether wise the future alone can determine. Anatomy, physiology, chemistry and pathology must always remain the foundation upon which the practice of medicine rests. As with the foundation of material structures, that of medicine is often lost to view. Much of what you of the graduating class knew of anatomy and chemistry two years ago has already been, or will soon be, forgotten. You did not enter our portals to become specialists in these departments; nor were we prepared to make you such. Your preliminary training during these

two years was with the scalpel and the microscope, the test- and the culture-tubes. It was more than ample to prepare you for the usual requirements of professional work. You will, like every honest practitioner, often revert to the study of the sciences underlying medicine as necessities therefor arise. If you have failed to be imbued with the need of looking after the foundation-stones in any case, you are hopelessly lost. Even in these fundamental branches of medicine it is necessary that you keep in touch. Three months ago I received an analysis of the excretion of a patient from a country doctor. There was a detailed account of the microscopic findings. He had estimated the quantity of urea excreted during three periods of twenty-four hours each, with allowances for barometric influences on the instrument used. No professor of chemistry could have done more. Alone in a hamlet of five hundred souls, the nearest doctor five miles away, this graduate of the Medical College of Ohio, of the class of '59, had lifted himself above conditions and despite of them marched onward with his profession.

In the teaching of the fundamental branches of medicine it has been the aim of your *Alma Mater* to wisely combine the only two methods by which knowledge can be acquired, that by the process of pure reasoning—namely, demonstration—and that by authority, as from reading or didactic lectures. Year by year the demonstration method has been given greater prominence. Twenty-five years ago the personal study of one part of the body was all that was required. In no medical college was a microscope entrusted to any but professorial hands. To-day, every one of our medical students at the end of his second year is from personal objective study familiar with the gross and finer construction of the human frame. As much as need be learned by the microscope and test-tube of the functions of the body in health has been given you by demonstration. One of our recent graduates, now instructor in physiology in Harvard, writes: "I have seen no such plug-

ging work in the laboratories here as I saw in those of the Medical College of Ohio." In one department only must it be conceded that demonstration has been almost altogether set aside for authoritative didactic teaching. We have no physiological laboratory. Vivisection experiments have therefore played but a small part in your fundamental training. It is altogether to be doubted whether for this reason you will be any the poorer doctors. The right of every student to demonstrate on the living animal that the division of the spinal marrow is followed by paralysis, or that the removal of a certain part of the brain will put an end to spontaneous movements, is open to question. This is not by any stretch to be considered an anti-vivisection argument. Without experiments on animals the death-rate from diphtheria would still be as great as it was ten years ago. Simon, of Heidelberg, operated on thirty dogs to show that an animal could live with one kidney before removing the kidney from the human being. As a result of these experiments, many thousand lives have been prolonged. But there is no further need now for this experiment on the part of the medical student. He should accept the facts on authority. Nevertheless, the physiological laboratory has its place in the medical schools for demonstration by competent instructors and for original research. It is certain that within the year such a laboratory will be found within our walls. Judging from the past, we need look for no extraneous aid. The endowment will come as has every costly addition to our teaching equipment, out of the work, or, more plainly speaking, out of the pockets of the faculty. We can hope for nothing to vie with Harvard College, with its annual income of nearly \$35,000 for physiological teaching alone. The requirements will be ample, commensurate with the number of our students, and adequate to the teaching of undergraduates so much of practical physiology as may be necessary for the real work of later years.

While rapidly developing the demonstrative or laboratory method of teach-

ing, the faculty has not deemed as superannuated the second method of teaching, that by authority as illustrated by the didactic lecture. Science as well as art is long, and life is short. The student, with the majority of mankind, must take his views of many facts of science second-hand, on authority. The great general principles underlying facts must be taken in the same way—on authority. The proofs are accessible to the specialists in anatomy, physiology, chemistry and pathology, but the medical student cannot be a specialist; therefore, a large factor in his education must be the method by authoritative statement. Shall this be exercised through text-book recitations or didactic lecture? The former has its signal advantages, which, as shown by our curriculum, are fully appreciated. But "the book, after all, is a dead thing, dry, immutable and imperceptive; unable to help you if you fail to grasp its teaching; irresponsible when it has scored a success." Did any one ever gain inspiration from a text-book? "In the lecture you come in contact with a living man, who sees whether you do or do not comprehend his meaning; who can use simpler forms of speech and by some trifling change of words make quite clear what before was dark as night; who can see where the links are missing in your chain of thought and can supply them; who can fit you for the work of self-teaching, which, to those who have learned something, is the most valuable of all." The tendency of the modern pedagogue is to set aside the didactic lecture as antiquated and wasteful of time. This tendency is harmful and should be arrested. Acts and living words alone inspire. But for the successive generations upon generations of exponents of the creeds which are based on it, the Bible would have lost its primacy among books, would have failed of its lasting power over the actions of men.

The third and fourth years of your tutelage have been devoted entirely to the practical side of medicine. During three hours daily throughout each course you have come in contact with disease as shown in the dispensary and in the

hospital ward or amphitheater. In the eight departments of medicine and surgery, into which the dispensary patients are distributed, your opportunities for direct contact with all the cases that will later come in your office practice have been unexcelled. Six thousand cases present themselves annually for treatment. This number is large enough to assure you of at least an acquaintance with all the ambulatory afflictions to which man is heir. It is always more difficult to compel attendance on dispensary clinics than elsewhere, because of the multiplicity of ordinary cases and the comparative rarity of so-called interesting ones. Every case is of interest; if not to the student or doctor, to the patient himself. If the dispensary has formed in you the habit of patiently listening to complaints which you can better describe yourselves, it has done much towards gaining you success in actual practice. In the dispensary, more than in any other medical charity, does the patient give a *quid pro quo*. Ambulatory cases are, as a rule, not harmed by repeated physical examinations. In connection with the dispensary there has been established a modest clinical laboratory, where you have had innumerable opportunities for verifying, even as under graduates, the theories taught you in didactic lectures. Here you were first confronted with actual facts as pertaining to disease, and not with theory. The appeal is made to the fact, and not to the teacher. In a didactic way you were taught the germ theory of disease, but by daily experiment and observation of actual cases you have proven it to be correct. You were taught by lecture and laboratory work that certain germs produce supuration in wounds, and that by asepsis and antiseptics supuration can be averted. In your clinical work it has been our aim to practically demonstrate the truth of this theory. Every surgical operation, major or minor, was shown to you to be a test of its truth. You saw that in medicine we are ever engaged in a double process—namely, accepting a theory or working hypothesis and subjecting it to constant test

and revision. A reverent skepticism was early implanted in your medical way of thinking, lest your work become altogether routine. Individual thought and investigation must not be relegated to the back-ground. The arcana of clinical medicine at least are open to the humblest practitioner who reads, observes and thinks.

In one very important regard your third year's work has been deficient. I refer to the department of gross pathological anatomy. Nowhere else can the mysteries of disease and death be made clear as in the dead-house. Yet you have seen comparatively few postmortems, and probably made none at all. The neglect of this field is not a specialty with us, but obtains in practically all the colleges of the country. With an abundance of material in our public hospitals, and competent pathologists to demonstrate the ravages of disease in fresh specimens, conflicting interests, chiefly attendance on large clinics, close to you this most important avenue to learning. As is the case in Germany, every graduate of medicine should know how to conduct an autopsy. The State needs that this avenue should be opened as much as the medical practitioner. The findings of a postmortem examination are often the basis of a medico-legal inquiry. Conducted as they often must be by incompetents, they open the way to expert testimony of doubtful value and help to make a travesty of justice. Perhaps by directing attention in this manner to one important defect in our system of medical teaching a concerted effort will be made to overcome it.

In the labors of a physician there is nothing that brings him nearer the divine than the long hours wherein he sees the eternal verity of the original curse—"In sorrow shalt thou bring forth children." Perchance some might look on the all but perfect development in our day of the art of midwifery as a merciful relaxation anent the severity of the first judgment. With ample experience, for a beginner at least, each of you can start on this part of his life's mission with confidence in his power to make parturition safe and painless.

Through material financial aid, which your faculty lends to a worthy charity, many hours of your third year were spent in the maternity hospital, where, under competent instructors, the art was taught you. During the fourth year of your studies you have had charge of cases often unassisted. Each of you has had experience of from five to thirty cases. The efficiency of this department of your work is shown by the fact that in four years there has been lost but one mother and three infants out of a total of six hundred cases. When it is considered that you cared for all of these cases under the hygienic conditions which go with poverty, your achievement is justly a source of pride. We can boast of no Sloane Maternity Hospital, with its more than a million endowment; but the teaching strength of a department is in men, and not in the bricks and mortar that invest them.

If you have been constant in attendance, fourteen hours of each week of your third and fourth terms have been passed in the amphitheatres of the hospitals—eight in that of the Cincinnati, and six in the Good Samaritan Hospital. Here the clinics have been conducted exclusively by your faculty, and many have been the opportunities of examining with them the symptoms of many cases of all kinds, of establishing an independent diagnosis and outlining a course of treatment. There are few indigenous diseases of which you have not seen many illustrations, or operations that you have not witnessed many times. Furthermore, each of you has been given confidence in his power to summon the blessings of anesthesia, for you have had direct and unaided experience with the administration of chloroform and ether. Extremists in the kindergarten system of teaching medicine deride the clinical lecture to large classes as they do its didactic congener. But derision is not argument. In proportion as the clinical approaches the didactic lecture, illustrated by the actual cases, is its value enhanced. Unfortunately, the clinical lecture is sometimes little more than the exploitation of the technical skill of the clinician. Such a lecture has no worth for the student,

and even as an advertisement is of but doubtful value to the operator, for he soon operates before empty benches. Except for this one feature amphitheater instruction to large classes must ever remain a most potent factor in medical education. There is a better place to learn clinical medicine than the amphitheater. It is the hospital ward. While you have had very many opportunities for bed-side instruction, all the hospital advantages afforded by our city are not made use of. Five out of eight hospitals, all of them sectarian, practically close their doors to medical students. In the remaining three the wards are open only through favoritism on the part of the staff. When it is considered that in Germany there will from now on be demanded of every candidate for a license to practice one year's residence in a hospital, the poverty of bed-side teaching in this country becomes plain. Walking the hospital is not a factor in the medical teaching of this country, largely because of a fancied regard for the welfare of the patient. With ordinary care on the part of the teacher, the patient is benefited rather than injured by the ward visits of the students. It assures for him something more than routine diagnosis and treatment. With students in a ward every case becomes an interesting one. The division of our senior classes into sections for regular visits to the hospital wards must be the next step in the evolution of medical teaching. It is reasonably certain that within the next year the betterments now progressing in the Good Samaritan Hospital will make practicable the plan of bed-side instructions here indicated as most valuable.

In the work of the general physician there is none that comes under lay criticism more than that belonging to the domain of surgery. So far as the ordinary fractures and deformities are concerned, you are not beginners. You have personally applied all the bandages and splints on the living subjects. In small classes you have performed many times on the cadaver, one hundred and forty major and minor operations. So far as the technique of the

surgical art can be taught to large classes, it certainly is yours. In making this statement I am absolved of the charge of immodesty, since the credit belongs largely to the younger members of the teaching corps.

Gentlemen of the graduating class, you have passed in review and with your *Alma Mater*. My object has been two-fold: First, to inspire you with confidence because of the qualifications which are yours; to make you hold in high esteem the symbol of your attainments, the diploma which you have just received at the hands of our president. With colleges springing up like mushrooms, it should be a source of distinction to hold the doctorate from an institution which, in point of seniority, ranks seventh among the colleges of the country, the oldest educational institute west of Philadelphia, and one which, after eighty years of continuous work, can show a stainless escutcheon. My second object has been to bring before the directors and faculties of our University the work of its medical department, pointing out its merits without hiding its flaws. This department makes no claim in the distinction of post-graduate work or of training in specialists.

Abraham Lincoln is credited with saying that God liked the common man, because he made so many of them. To make a high-grade doctor has been the aim of this college. Nothing more has been sought, nothing less has been done. When endowments flow into the coffers of our University, and can be diverted to its medical department, then and not till then can specialists in teacher and taught be hoped for.

The future of every good medical school lies in its affiliation with a good university. The true university spirit is strong within us. Our faith in the future of our University school has been attested by giving over thirty thousand dollars in equipments and improvements to the city. But we suffer from no illusions. We deal with conditions without controlling them. To do the best that can be done under given conditions with success, is the part of wisdom. To strive for the im-

possible, though it be ideal, with failure assured, were unworthy the judgment of men.

Gentlemen of the graduating class, the bonds that have united us, pupil and teacher, are severed. You are now of a profession with vast demands on the physical, mental and moral nature of its votaries. In its exercise, benevolence and self-denial must ever be present. For years to come half your work by day and night will bring no recompense wherewith to fill the pantry or clothe the back, nor will it ever let you enter the lists where gold is the measure of success. Yet you will be content in lessening the miseries and making light the burdens of mankind. Your calling brings you face to face with the weaknesses of men, but you will share the pride of your craft from time immemorial. You will never abuse confidence. Rather will you spread wide the mantle of charity over human frailties, and look for the grains of gold even among the dross. Cultivate a genial optimism. For in so much as you will have looked on the bright side of life you will not waver when the shadows lengthen. Time changes most things, even the face of nature. The abstract virtues that stand for character alone are immutable. Over a thousand years ago Rhazes wrote concerning the choice of a physician as follows: "Study carefully the antecedents of the man to whose care you are confiding all you have most dear in the world—that is to say, your health, your life, and the health and lives of your wife and children. If the man is dissipating his time in frivolous pleasures; if he cultivates with too much zeal acts that are foreign to his profession, such as music and poetry; still more, if he is addicted to wine and debauchery, refrain from committing into such hands a trust so precious. He merits your confidence who, having early applied himself to the study of medicine, has sought skillful instructors, and seen much disease; who has united to the assiduous reading of good authors his personal observations, for it is impossible to see everything and try everything in one's own practice; and the knowledge and experience

of a single individual compared to the knowledge and skill of all men of all ages, resemble a slender brook of water that flows by the side of a great river." For myself, my colleagues and our *Alma Mater*, I bid you farewell.

Uncle Sam Not a Believer in Divine Healing.

The United States postal authorities at Boston, Mass., have, it is reported, lately seized twelve sacks of mail addressed to Francis Truth, the divine healer, who was lately arrested on a charge of fraud. The seizure was made under a "fraud order." The report states that many of the letters contain money, being sent to the "Healer" in payment for "absent treatment." Those letters which bear the addresses of the senders will be returned direct, the others will go to the dead letter office. Any effort on the part of a government to protect its gullible citizens from the effects of their own weaknesses is certainly commendable. If the postal authorities in the East are looking for other instances like the above, we would suggest that they come out West for a while.—*The Stylus*.

Incision Into the Scalp.

According to Dr. G. H. Monk (*Boston Med. and Surg. Journal*), when making an incision into the hairy scalp in the back of the head, and especially when it is particularly desirable to conceal the scar, the knife should be held in a position at right angles to surface of the skin where a verticle incision is to be made, but in a position oblique in reference to the skin whenever a transverse incision is contemplated—that is to say, as the knife goes through the scalp the blade should be kept parallel to the roots of the hairs so as not to divide them.

In burns of the face, where the nose is badly affected, it is often a good idea to pass pieces of rubber drainage tubing up the nostrils in order to prevent closure during cicatrization.—*International Journal of Surgery*.

SUDDEN DEATH.*

BY LOUIS SCHWAB, M.D.,
CINCINNATI.

When a death occurs suddenly in a person previously considered to be in good health, the law is usually invoked to institute inquiry and make proper return to court as to cause.

In the discharge of his duty the public official has in mind that death may have been caused by conditions other than natural. This doubtless is the outgrowth of a tendency on the part of the public to suspect crime, and, although not well founded in the majority of cases, it is best for the protection of all concerned that a careful inquiry be made and recorded, and by so doing establish suspicion or dispel it entirely. A failure to record investigation of this kind frequently leads to perplexing difficulties least anticipated at the time.

Brouardel, in referring to this subject, says: "An individual dies suddenly, death has been preceded by a loss of consciousness more or less prolonged, by coma or by vomiting. The dead man is buried. The friends of the deceased, as they are following the funeral, are disturbed by the thought that they themselves may also be carried off in a few hours, and begin to discuss the circumstances in which the deceased met his death. Comments are made freely. If by the fact of the death some one is to succeed to property, and if the heir should be a man in embarrassed circumstances, to whom such a windfall would seem an unhopd for stroke of good fortune, suppositions become more definite, suspicions are expressed openly, and the law is set in motion; an inquiry is held, and in three or four weeks after the decease exhumation is ordered, so that postmortem examination may be made." None but an individual with much experience in these affairs could make a statement so explanatory of the suspecting nature of people, not only in France, but in all communities; and it is given as a

* Read before the Ohio State Medical Society, Columbus, May 10, 1900.

further reason why death occurring suddenly should be officially noticed. The writer has frequently been able to satisfy inquiries made by distant relatives because record was made and preserved, fully describing all circumstances, the absence of which would only have fostered mischief.

In his work on medical jurisprudence Taylor says: "In all instances of sudden death there is generally a strong tendency on the part of the public to suspect poisoning. They never can be brought to consider that persons may die a natural death suddenly, as well as slowly; or that death may really take place slowly, and yet be due to poison." This statement has reference to poison administered with criminal intent.

Such instances are doubtless very rare; and yet there may be practitioners present who, in their experience, have perhaps been in the presence of cases in which the symptoms were mysterious, misleading, and unyielding to a degree that warranted an unexpressed belief that the conditions were not the outcome of natural causes. In such cases, however, death does not take place suddenly, in the sense that it came without warning, or was to some degree unlingering. "That which has received the name of sudden death, both among ordinary people and in the law courts, is a death which is not preceded at all, or only for a short time, by morbid phenomena."

During the past year and a part of the present, 252 sudden deaths—152 males and 100 females—were reported to the Coroner of Hamilton County in which violence or casualty played no part. Of this number, 83 were over sixty years of age, 92 were between forty and sixty, 52 were between twenty and forty, 4 between ten and twenty, 21 in child life, the greater number occurring in infancy. The cause of death in 190 cases was attributed to disease of heart and blood-vessels, in 71 cases to the brain, in 32 cases to the kidneys, in 14 cases to the lungs, in 5 cases to the bowels, in 3 cases to stomach hemorrhage, diabetic coma 1, heat 2, shock 2, eclampsia 13. In many of these cases the cause of death was deter-

mined by age, previous condition, and by circumstances connected with the fatal result, assuming the usual cause of sudden death, according to the doctrine of Bichat, to be either in heart, brain or lungs. When the family physician had been summoned to the scene his opinion, based upon acquaintance with deceased in life, was usually accepted. In many of these the cause of death was only inferential, and was determined by no other evidence than that alluded to above.

Postmortem examination was made whenever it was possible to obtain consent, which you will readily infer was not often granted, particularly in such cases as seemed clearly due to causes natural.

When, however, the death occurred in an unusual place, away from home and friends, or in a person of apparent health, whose social life was somewhat peculiar, or where financial interest such as life insurance was involved—in short, where a clue to the cause of the fatality seemed mysterious—more thorough examination, by autopsy and stomach analysis, was made in order to make a more satisfactory finding.

A very interesting case, illustrating the value of autopsy, occurred last October. Early in the evening, a young woman perhaps thirty years of age, was noticed to fall to the floor of the depot in which she was waiting for a train to leave the city. She became unconscious at once. A patrol wagon was called, in which she was taken to the City Hospital, where she was pronounced dead. Her body was accordingly sent to the morgue. From her dress and appearance she seemed to be a person of fair station in life. There were no marks of violence to be seen on the body. Her purse contained money, and a few papers, but nothing could be found by which she could be identified. Her railroad ticket indicated whither she was going, and by it we were able in a few hours to locate the family with whom she had been living for many years as a trusted servant. Nothing could be obtained from friends or from relatives to explain the sudden death, whereupon an autopsy

was made which revealed a ruptured aneurism of the aorta. The reason for her consulting a physician, which it was afterwards learned she occasionally did, was now fully explained.

Another case in which it was essentially necessary to fix the cause of death for the purpose of preserving the good name of the deceased, and thereby relieving a very excellent family of great distress, occurred in March, 1899. A young man, single, thirty-five years of age, was found dead by his sister about 8 o'clock in the morning in the office of his factory. She had gone to the office, to which none of the employes had that morning been called, to telephone to a friend with whom she judged her brother had spent the night, and was horrified to find the young man was dead upon the floor. The office had every appearance of business preparation; the safe was open, the desk was arranged as though he had been at work on the drawings which were spread upon it, and implements used in this work were scattered about ready for use. On a chair near his desk was a small glass graduate containing about an ounce of yellowish fluid. The deceased, neatly dressed, was found lying on the floor near his desk, in front of a small heating stove. He was on his back. His face was turned upwards. His hat was on his head, and one arm resting on a chair, which was partly overturned. The skin on his nose and here and there over the cheeks was denuded in little patches; slight punctures could be seen on the rims of the ears, the tips of the fingers and the margin of the lips. There were no other marks of violence. A gold watch and other valuables were found, together with important papers. Nothing seemed disturbed. While making these observations a young man appeared, from whom it was learned that a business partnership with the deceased was to begin on the next day. Money had been advanced the young mechanic with which to buy new machinery, and only a day or two before his demise the deceased had drawn several hundred dollars for his personal use, and seemed at that time in good health and in the

best of spirits. The fluid in the graduate was a diluted fluid hydrastis; the blemishes on the face were caused by rodents. It was evident that the body was exposed to these pests all night, and that death came while the young man was studying his drawings.

The family physician, who was present, recalled occasional dizzy spells, with headache, following a fall from a bicycle two years before, severe enough at times to put the patient to bed for a day or two. Suicide was strongly suspected by many who were present. An autopsy, however, cleared the mystery by showing the pericardium distended with blood from a ruptured sacculated aneurism of the aorta just above the heart. Stomach analysis negative. Aneurism had never been suspected during life. The result of this examination was a comfort to his family and friends, if for no other reason than that it put at rest all suspicion of self-inflicted violence.

In discussing the cause of sudden death, Dr. Dixon Mann, in a paper read before the Manchester Medical Society, says: "Nearly one-half of the cases of sudden death from natural causes are due to heart disease which has existed for some time. Next to the heart, apoplexy and other brain lesions rank second, with complication on part of the lungs and kidneys ranking third, while all of these conditions are more or less interlaced with inordinate use of alcohol." The results given in the table already quoted harmonize to a very great degree with these conclusions. It must be borne in mind, however, that in the cases alluded to the cause of death was largely inferential, and not based upon thorough investigation by autopsy. Postmortem examination was made in forty-two cases, and represented those in which more careful and thorough examination was held necessary because of circumstances connected with the death. Of this number, seventeen were due to impaired kidneys; fourteen to disease of heart and blood vessels, of which six were aneurismal ruptures; while six were held to be due to brain lesion, of which five were hemorrhage and ought per-

haps be more properly classed as disease of blood-vessels. Of the remaining cases, one was the result of unrecognized pneumonia in a drinker; two ulcer of stomach, causing hemorrhage; and two to meningitis.

The number of autopsies made is scarcely large enough to form positive conclusions which organ of the body to hold most responsible for sudden death. The popular belief that heart disease in some form causes the greatest number of deaths is vigorously combated by Brouardel, who holds that sudden death is especially apt to be brought about by the kidneys, and we ought, he says, restore the humoral theory to a place of honor. This remark is not without significance, and the hope he expresses with reference to the humoral theory may not be so far from fulfillment. The author quoted further states, however, that "the renal lesion is not always the only factor," and alludes to the relation between the heart and kidneys, and because of this "combination the mechanism of death may be difficult to determine." With both organs implicated, it matters little which precedes the other; faulty elimination is a menace to life, and more frequently than we think results suddenly in death. "Death," says the French author, "supervenes when poison manufactured in the system can no longer be adequately removed by the diseased kidneys." Death due to the kidneys, he holds, is the most frequent form of sudden death.

A case illustrating this point occurred in January of this year. A German, fifty-six years of age, was found one Sunday morning dead in his bed by his wife. With the exception of a slight cold, which he had now and then, she had considered him to be in good health. He was a moderate drinker. He was industrious and worked each day as a porter in a large business house. He had gone to his room the night before in his usual health, and rested well the entire night. His wife occupied the same bed. She left the bed first to prepare breakfast. He was awake and spoke to her in his usual cheerful manner. She needed something from the

adjoining store and started to get it. Before leaving she handed him the daily paper and his glasses, and he laughingly suggested that as it was Sunday he would be a little lazy, and read in bed. On her return from the store she found him still holding the paper, but he was dead. She was gone not to exceed ten minutes. A physician who was passing the house was called in and gave as his opinion that death was due to heart disease. Autopsy showed edema of brain, cirrhotic kidneys, and a slightly enlarged heart.

It seems a pity that of all the sudden deaths reported, autopsy was made in but one-sixth of the entire number, and yet in the few reported it will be seen that kidney lesion was found in a little less than one-half.

While the majority of cases reported were the result of diseases chronic in character, not a few deaths have occurred suddenly in which the disease was acute. Of these, ten were in early life, and were due to meningitis. A little girl, seven years of age, returned from school at 11 o'clock in the morning and died at 2 o'clock the same afternoon, before any help could reach her. She had seemed to be in her usual health when she left for her school work in the morning, but came home at the time indicated suffering severe headache and vomiting. Autopsy showed marked meningeal inflammation. Of this type there were two in which postmortem examinations were obtained, while in eight more the history warranted the strongest belief that death was due to the same cause. Meningitis is, however, one of the diseases cited by observers as occurring suddenly in fatal form in persons in whom there was no suspicion of disturbance in general health.

Two fatalities from shock are reported. One occurred in a woman who, nine days before, had been delivered of a healthy child. She was making an excellent recovery, but because the lochial discharge was very offensive the physician in charge concluded to wash out the uterus. The usual preparations were made with great care. The water used was slightly carbolyzed. The flow from the fountain syringe had scarcely

started into the uterus when the patient complained of feeling strange, and died in a few minutes.

The other case was a child five years old, who was struck in the abdomen by a child's play ball thrown by a little boy. The blow seemed very light, and was witnessed by the parents, who were grief stricken at lifting the boy from the ground to find him dead. No contusions were found on the body.

Many of the deaths occur during the sleeping hours, and are not discovered until the following morning. Evidences of struggle are, as a rule, wanting. Often the position in which the dead are found is that assumed in sleep, indicating that death came during the hour of rest. This is observed most frequently in the aged. Sometimes the end comes while a person is sitting in a chair, this attitude being maintained many hours.

Early one morning an elderly lady, to whose health attention had seldom been called, was found dead sitting in her chair. She was last seen at 10 o'clock the night before, reading, and was left thus interested on the promise that she would not sit up too long. Her open book was found near the chair, in which she was discovered by the family, with features as peaceful as though she was in restful sleep. The chair in which she died and in which she maintained the sitting position was an ordinary sewing chair without side supports. The body was cold and very rigid. The excellent physician who was called, and who was intimately acquainted with the family, gave it as his opinion that death was due to cardiac paralysis.

Dr. J. A. Haerr, who was coroner of the county preceding the present term, recorded the finding of a naked woman dead in her room standing at a dresser. One hand was resting on the marble top. Her body was rigid. She had been a very hard drinker, and during the early morning of the day she was found had drunk a quart of whisky. Alcoholism was given as the cause of death.

In the greater number of cases a previous history of bad health was readily

obtained by careful inquiry, but in many no evidence of previous disturbance in general condition could be made out, notwithstanding autopsy revealed marked organic lesions. These cases may be explained in several ways. Thus, a diseased condition may exist in persons without their knowledge, or impairment of health is suffered without complaint by persons who are obliged to toil because of home or other responsibilities; and next, that sudden death very often occurs in drinkers whose habits have been concealed from near relatives; and again, where the drinking or other vicious habits are known to friends and relatives it is frequently observed that every effort is made to evade a record of the weakness.

In chronic drinkers a great variety of lesions may be found, but the kidneys, liver and heart are the organs most generally outraged. It is fair to infer that in the greater number of cases of kidney disease recorded chronic alcoholism played the leading rôle in production.

In acute diseases like pneumonia it has long been observed that chronic alcoholism exerts a peculiar influence over the course of the disease, whereby its existence is masked and sometimes not discovered until after death.

A man who was an habitual drinker was one day picked up by the police because he was making a display of himself. He was placed in a cell to sober up. After muttering for a few hours he quieted down, and when looked after later he was found dead. He was taken to the morgue, where an autopsy showed a typical lobar pneumonia, well advanced in the first stage. There was nothing in his behavior when brought to the station-house to indicate that his condition was associated with anything but whisky.

The hospital physician, as well as the general practitioner of much experience, when called to a besotted man or woman, has long since learned to suspect the presence of some latent grave complication, and usually expresses his conclusions accordingly.

It is asserted by observers who have given the subject of sudden death vastly

more thought and research than the writer that in some cases postmortem examination affords no evidence as to cause whatever. Death by inhibition would in all likelihood reveal no lesion, and many cases of convulsions in children would yield but poor results on autopsy if the history of details was absent. But one case of this kind was recorded by the writer, but because of certain circumstances the death was considered due to self-inflicted violence, and therefore not included in the deaths due to natural causes.

The deceased, a young man of magnificent physique, was found in a lonely spot near the Ohio River, about a mile from one of the villages in this county. He was well dressed, had on his person a few valuables and papers indicating who he likely was. It developed that his home was in a distant city, that he was a nurse and had come to Cincinnati a few days before his death. He was last seen alive twenty-four hours before finding his body. There were no marks of violence on the body. Autopsy was negative in every particular. No lesion was detected in any organ, and the stomach analysis was equally unsatisfactory. It has always been the opinion of the department that death was the result of poison injected hypodermically.

When this subject in all its phases is considered, the value of a record as complete as it is possible to be made will be apparent, more especially when by it is shown that death may occur suddenly without previous history of illness, and with no discernable lesion on autopsy, or as the result of the slightest trauma (inhibition), or that it may be due to conditions of great gravity not recognizable in life, and for that reason may account for many unexpected fatalities following operations or those occurring during the administration of an anesthetic.

A DOSE of castor oil, although not sufficiently large to produce a movement of the bowels, will frequently allay the colicky pains in infants.—*Med. Summary.*

Society Proceedings.

OHIO STATE MEDICAL SOCIETY.

Fifty-fifth Annual Meeting.

REPORTED BY STEPHEN E. CONE, M.D.,
CINCINNATI.

The annual meeting of the Ohio State Medical Society, held in Columbus, May 9, 10 and 11, was one of unusual interest, not only in the variety of subjects presented for consideration, but in the large attendance and attention evinced in the papers presented. The number of responses to papers was larger than in any previous meeting of the society, while the discussion following them gave evidence of a lively interest in the subjects presented.

WEDNESDAY AFTERNOON.

The meeting was called to order on Wednesday at 1:30 P.M. by President Rufus B. Hall. The session was opened by prayer by the Rev. Washington Gladden, of Columbus. The address of welcome was given by the Hon. Joseph Outhwaite, of Columbus, to which response was made by Dr. Hall, President of the Society. Report of the Committee of Arrangements was then made, after which business requiring immediate attention was taken up. The Society then proceeded to the consideration of the papers to be presented.

Dr. J. M. Fassig, of Zanesville, read a valuable paper entitled "A Plea for the Earlier Use of the Obstetrical Forceps." He said that the forceps should be considered as an artificial hand, the use of which is to grasp the fetal head and pull it through the pelvis when the natural forces are unable to pull it through; that the fear of their use should be dispelled from the patient's mind and that of the family by education. He made a strong plea for the use of the forceps early in those cases in which the labor was perfectly normal, but which, from indications, would be prolonged, tedious and exhausting to the patient and harmful to the child. He also spoke of the necessity of education in the proper application of the

forceps by the general practitioner. The time for the application is after full dilatation of the cervix in uncomplicated cases. He also stated that it was his practice to insert the blades of the instrument and apply them to the child's head before the anesthetic was given.

In the discussion following this paper it was urged that the physician be careful in his watchfulness over his case that he do not apply the forceps too soon because of his possible exhaustion and desire to get through with the labor, but that he act in conjunction with nature.

The paper next presented was entitled "Puerperal Eclampsia: Its Cause and Treatment," by Dr. John E. Sylvester, of Wellston. Dr. Sylvester laid stress upon the fact that puerperal eclampsia could be prevented in many instances by careful observation of the patient before confinement. He reviewed the value of the different medicaments, and spoke especially favorably of veratrum viride in the treatment for the control of the convulsions. A necessary thing to be done in all these cases was the prompt delivery of the fetus.

The following papers were then offered for the consideration of the Society: "Subphrenic Abscess Following Appendicitis," Dr. J. F. Baldwin, Columbus, with a discussion of the subject opened by Dr. A. H. Freiberg, Cincinnati; "Inguinal Colostomy," Dr. John C. Oliver, Cincinnati. As these papers are of more especial interest to the surgeon no summary will be given of them.

Dr. Wm. H. Pennel, of Fredericktown, read a paper entitled "The Value of a Healthy Throat." By the term throat was meant that portion of the anatomy included in the pharynx and fauces. He spoke of diseases which attacked the throat in early life—diphtheria, scarlatina, measles, etc.—stating that in children with natural throats these affections attacked these parts less frequently, or, if attacked, in a much milder manner than in children with diseased throats. He stated that foremost among the diseases or conditions of the throats of children predisposing

them to severe forms of disease are those known as faucial and pharyngeal tonsils or adenoids, and thought enlarged faucial tonsils a menace to health from retained secretions, and also on account of their furnishing a soil on which various infectious germs might thrive; and again, on account of the obstruction to breathing and deglutition, they had a powerful influence over the health of the individual. He then spoke of the deleterious effects of adenoids, as from their position in the pharyngeal vault they encroached upon the nasal chambers and Eustachian tubes, thus affecting the normal state of both ear and nose. In connection with tonsillar enlargements they are especially menacing. Adenoids, by mechanical pressure on the veins in the vault of the pharynx, interfere with the return circulation of the blood from the ear; by blocking the opening of the Eustachian tube they cause mucus to collect therein, stopping up the tube and thus interfering with the equalization of the internal and external air pressure in the ear, with consequent retraction of the drumhead. He pointed out the numerous ill effects of mouth breathing, and advised strongly that these growths be gotten rid of as soon as recognized.

Dr. A. W. Francis, Ripley, read a paper on "Tonsillar Obstruction in the Fauces and Pharynx." He urged the importance of early recognition by the general practitioner of diseased conditions in the tonsillar ring, which comprises three distinct masses of lymphoid tissue, viz., the faucial, the pharyngeal and the lingual tonsils. The faucial and pharyngeal tonsils, on account of their close relation, cannot be well dissociated; and in connection with the faucial tonsils, diseases which were formerly supposed to affect these organs alone are now known to depend upon adenoid growths in the pharynx. The most important point in connection with their pathology is their relation to contagion, as from their location and conformation they offer an inviting soil for the lodgment and proliferation of pathogenic germs. Of not less significance is the hypertrophied condition

of the pharyngeal tonsils or adenoid vegetations. He detailed the symptoms incident to this condition, which are well known to all. Hypertrophy of the lingual tonsil (although the literature on the subject is scant) is not an infrequent condition, and differs from faucial or pharyngeal tonsillar enlargement in that it is seen most frequently in adult life. These will be seen on drawing the tongue forward through the use of a laryngeal mirror as broad granulations on the base of the tongue. The main symptoms of these overgrowths are the feeling of a foreign body or lump in the throat, frequent and ineffectual attempts to swallow, sensation of constriction around the throat, frequent hemming and clearing of the voice, voice fatigue after moderate effort, evening hoarseness, an undefined uneasiness in the throat, the loud brassy cough at puberty, various reflex nervous symptoms, as palpitation of the heart and spasmodic asthma, and occasionally the spitting of blood. On account of its greater frequency in women we are liable to regard the symptoms as mild manifestations of hysteria. The most satisfactory treatment for all of these tonsillar enlargements is removal.

Dr. Charles A. Hough, of Lebanon, presented a paper on "The Infectiousness of Follicular Tonsillitis." Dr. Hough described an epidemic of an affection of the tonsils which had existed in Warren County since 1885, but since 1890 the disease has not been so widely epidemic. These epidemics have not respected age, sanitary surroundings or the season of the year. In the throat its local manifestation varied from a simple hyperemia of the fauces, usually of the tonsils, but without appreciable exudate, to those appearances which are present in scarlatina. Still others simulated diphtheria, but without the Klebs-Löffler bacillus and diphtheritic sequelæ. These cases all had the characteristic constitutional symptoms of follicular tonsillitis. There were no sequelæ following the attacks. In many of the epidemics of this disease the direct transmission of it could be traced from one community to another

through a specific medium. In accounting for the appearance of the disease the doctor suggests that the pyococci which are found in connection with tonsillitis are transmitted from one person to another the same as the diphtheritic germ, and while follicular tonsillitis is not always infectious and contagious, it may at times become so.

The paper, "Eye-Strain," by Dr. Louis Stricker, of Cincinnati, was not read, as the doctor was unable to be present at the meeting.

Dr. A. H. Freiberg, of Cincinnati, then presented a paper, "The Diagnosis and Treatment of Metatarsalgia." He also exhibited charts illustrating the causation of the disease.

The afternoon session then adjourned.

WEDNESDAY EVENING

Dr. G. A. Doren tendered a reception to the members of the Society and visiting ladies at the Ohio Institution for Feeble-Minded Youth, where a very pleasant evening was spent in inspecting the institution and in social intercourse.

THURSDAY MORNING.

The meeting was called to order at 9 o'clock sharp.

The first paper on the programme, "Cerebro-Spinal Meningitis," was not read, as Dr. C. J. Aldrich, of Cleveland, was not present.

Dr. Joseph Eichberg, of Cincinnati, read a most interesting paper entitled "The Treatment of Consumptives at Home." The doctor spoke of the good results which could be accomplished at home in cases of consumption where good dietetic, hygienic and psychologic surroundings could be obtained. In this disease no specific medicine exercised any curative power, but suitable tonics often had a beneficial influence in connection with the above-mentioned treatment. The great majority of tuberculous patients are unable to leave home, and as this treatment offers such great benefit to persons so afflicted it should be tried in all cases. Such patients should live out of doors as much as possible, both summer and winter; thorough ventilation should be given in

their sleeping apartments, even in the coldest of weather; the patient should be fed the most nourishing and assimilable food, *e.g.*, raw eggs, albumen water, etc. In addition to good air, the patient should be surrounded by cheerful companions, and everything should be done to have the environment the most pleasant and congenial. Medicines, of course, would be required to control night-sweats, excessive cough, etc.

The paper, "Oro-Pharyngeal Ring of Lymphadenoid Tissue," by Dr. Thomas Hubbard, of Toledo, was not read owing to the absence of the author.

"Sudden Deaths," by Dr. Louis Schwab, of Cincinnati, a very interesting paper, was presented, which will be found in full in this issue.

Dr. E. W. Walker, of Cincinnati, presented a report of three laparotomies for two gunshot and one stab-wound of the abdomen.

Case I.—Boy shot by Flobert rifle, bullet entering abdomen on the right side in the nipple line about the level of the eleventh rib. Upon opening the abdomen a tear completely through the stomach walls was found in the lesser curvature of the stomach, two and one-half inches long by one-half inch broad. Hemorrhage in this case was severe, and the patient was almost in state of collapse. Recovery.

Case II.—Man stabbed in abdomen, wound made about an inch and a half, from which bowels protruded. As soon as stabbed the man placed his hand over his abdomen and walked to the hospital from his home, a distance of six squares, and on arrival there it was found that he had a prolapsus of intestine two feet in length. In this case the hemorrhage was profuse. There were three wounds found, one about an inch in length at right angles to the long axis of the bowel; the other two wounds running parallel to the long axis of the bowel, one two inches in length, the other one inch in length. The rents were stitched up, the prolapsed bowel returned, and the man made an uneventful recovery.

Case III.—Man shot in abdomen by 32-calibre ball. The ball entered the

abdomen two inches to the left of the umbilicus, ranged upwards and backwards towards the right side and lodged under the skin in the axillary line two inches below the eleventh rib. The bullet was found in the transverse colon. A furrow about two inches in length was found on the lower surface of the liver, which bled considerably. The mesentery was cut in three places and some vessels wounded. The vessels were ligated and the perforation in the bowel sewed up. Recovery.

In Case I the condition might have been more serious if the stomach had not been practically empty at the time the injury was inflicted, so that there was no escape of stomach contents into the peritoneal cavity; and in Case III, owing to the fact that the colon was filled with hardened feces, this prevented the extravasation of fecal matter into the peritoneal cavity.

Dr. Dudley P. Allen, of Cleveland, read a paper under the caption "Gall-stones: Necessity for their Early Diagnosis and Removal." In this paper he spoke of the ease with which, in the ordinary cases of gall-stones, a true diagnosis could be made, but in the cases where none of the classic symptoms of biliary colic, jaundice, clay-colored stools, bile in the urine, and possibly calculi in the fecal evacuations are present, the diagnosis, to say the least, is not easy. He then detailed a number of cases in which the above-named symptoms were nearly all, if not all, absent. He also emphasized the importance of a most careful search for the possibility of existing gall-stones, and after once a diagnosis has been made he advised that the operation be made at once. Early operation is much to be commended on account of the fact that they are generally successful, while late operations are beset with gravest difficulties on account of adhesions, etc. He further said that the cases of unusual symptoms cited by him demonstrated that at times it is difficult to conclude that the symptoms present do not arise from an abscess of the kidney or of the appendix. The main thing, however, which these cases illustrate is that it is necessary when pa-

tients are suffering from pain in the upper and right side of the abdomen to carefully consider the possibility of such suffering being due to gall stones or inflammatory adhesions, and that these symptoms be given early and careful consideration. He stated that the object of his paper was to establish:

- (1) That in cases of continued distress in the epigastrium, when a physician skilled in methods of investigation, both clinical and physical, can make no positive diagnosis and give no relief, an exploratory operation is advisable. How it is to be completed must depend upon what is found.
- (2) That operations under such conditions frequently result in the removal of gall-stones, or the setting free of adhesions and entirely relieving the patient's suffering.
- (3) That such operations should not be too long delayed, since the formation of dense adhesions, such as are found not infrequently, may greatly enhance the difficulty of operating and endanger the life of the patient.

Papers: "Medical Treatment of Gall-Stones," Dr. E. S. Stevens, Lebanon; "Alcohol: Its Place," Dr. R. T. Trimble, New Vienna. These will be published in LANCET-CLINIC.

"Symptomatology Diagnosis of Valvular Obstipation," Dr. Thomas Charles Martin, Cleveland. Dr. Martin defined obstipation to be that form of obstructed defecation which is due to the presence in the rectum of an organic obstacle to the descent of the feces through it. The causation of the valvular obstipation was due to the following pathological conditions of the rectal valve, the several positions of the valves and their conditions being as follows:

1. Valvular obstruction below the recto-sigmoidal juncture.
2. Valvular obstruction at the recto-sigmoidal juncture.
3. (a) Anatomic coarctation or congenital juxtaposition of the rectal valves; (b) congenital hyperplasia of the rectal valve.
4. Hypertrophy of the rectal valve.
5. Fibrosis of the rectal valve.

The first condition is characterized by straining at stool for passage of solid feces, and after obstruction developed

to considerable degree even fluid feces and enemas are voided with increasing difficulty. After defecation the patient continues to experience a sense of the presence of feces in the lower rectum.

The second condition is characterized by long intervals between the acts of defecation, by occasional passage of considerable quantity of feces without much straining, by tenderness and sense of fullness in left iliac fossa and lower abdominal regions, by gaseous distention of sigmoid and colon, and by sensation of sudden arrest to the passage of gas at a point between the promontory of the sacrum and left iliac spine.

The third condition is characterized by difficult defecation of solid or semi-solid feces in infancy and childhood. If the rectal valves develop to such a degree that they touch each other there is a blocking off of the feces from the lower part of the rectum. Congenital hyperplasia is characterized by the same symptoms as above.

The fourth condition is characterized by the almost sudden establishment of obstipation. It is initiated by a sense of gentle aching and moderate heat in the sacral region, aching down the thighs, and by discharges of a small amount of viscid mucus.

The fifth condition is characterized by a very gradual development of obstipation, which has its causation in the degeneration of the muscular elements of the valve and the formation of fibrous tissue.

Valvotomy cures these conditions.

Dr. Chas. S. Hamilton, of Columbus, presented a "Report of Some Operations on the Intestines." As this paper was to be revised no summary of it will be here given.

The meeting then adjourned at 12 o'clock.

THURSDAY AFTERNOON.

This session was opened at 1:30. Encouraging reports were read from the various committees and officers of the Society, after which the election of officers for the ensuing year was proceeded with.

Dr. F. D. Bain, of Kenton, was nomi-

nated as President. Dr. Bain evidently was the choice of the members of the Society, as no further nominations were made, and the doctor was unanimously elected President.

The following named gentlemen were elected to fill the various remaining offices:

First Vice-President—J. S. Beck, Dayton.

Second Vice-President—A. W. Francis, Ripley.

Third Vice-President—L. B. Tuckerman, Cleveland.

Fourth Vice-President—Frank Warner, Columbus.

Secretary—John A. Thompson, Cincinnati.

Treasurer—James A. Duncan, Toledo.

(The office of Assistant-Secretary was not filled at that time, as it was decided that the Secretary should make the appointment.)

Committee on Finance—Chairman, E. C. Brush, Zanesville.

Ethics—Chairman, J. H. Rogers, Springfield.

Publication—Chairman, Dan Millikin, Hamilton.

Legislation—Chairman, T. M. Gehrett, Deshler.

National Legislation—Chairman, L. B. Tuckerman, Cleveland.

Admission and Medical Societies—Chairman, N. Stone Scott, Cleveland.

Growth and Prosperity—C. F. Clarke, Columbus.

The selection of the place of meeting for the session of the Society in 1901 was the next business on the programme. Dr. C. L. Bonifield, President of the Cincinnati Academy of Medicine, extended on behalf of that body a most cordial invitation to the Society to meet in Cincinnati in 1901. On motion this invitation was accepted, and Cincinnati will be honored in having the next meeting of the Ohio State Medical Society convene within her portals.

Dr. Rufus B. Hall, as the subject of his retiring address, chose "The Present Status of Abdominal Surgery." He spoke of the advance in methods of technique, antisepsis, etc., which had reduced the mortality in abdominal

surgery. The operations of ovariectomy, removal of pus tubes and ovaries, removal of ruptured tubal pregnancy, for myoma, Cæsarean section, for rupture of uterus during labor, on the gall-bladder, spleen, pancreas, omental cysts, in peritoneal tuberculosis, in gunshot and stab-wounds of the abdomen, on the stomach, rupture of the intestines, for perforation, rupture of the urinary bladder, peritonitis and appendicitis are now performed with a lessening mortality from year to year. In closing he stated that in the light of the great achievements along the above-mentioned lines in this day and generation the abdominal surgeon looks forward to the future with confidence. He also said: "Increasing knowledge, better morals and cleaner lives will lessen in some fields the call for his services. But he will be better equipped for the work that will always remain for him to do." This paper will be published in the LANCET-CLINIC later.

Dr. E. Gustav Zinke, Cincinnati, presented a valuable paper on the "Diagnosis of the Attitude of the Fetus in Utero by External Examinations." Dr. Zinke stated, from a large obstetrical experience covering a period of twenty-five years, that in nine out of ten cases the attitude of the fetus can be established during the last ten weeks of gestation by the external means of diagnosis alone; that this diagnosis is made by inspection, palpation and auscultation. Dr. Zinke spoke of the various positions assumed by the fetus, excluding face and complex presentations, and illustrated his points by beautiful charts executed for the occasion. The paper is too comprehensive to admit of a short review.

"Pleurisy in Childhood," by Dr. T. W. Rankin, Columbus. This paper was not read, as the doctor was unable to attend the meeting.

It was a source of deep regret that the "Address on Medicine," which was to have been delivered by Dr. Walter Wyman, Surgeon-General U. S. Marine Hospital Service, Washington, D. C., was not delivered. Dr. Wyman telegraphed that he would be unable to come to Columbus to read his paper

before the Society. His place was then filled by Dr. N. Senn, of Chicago, Ills., who delivered an admirable discourse on compound fractures. Dr. Senn was to have delivered the "Address on Surgery" under the above-named title before the annual banquet, Thursday evening, but as Dr. Wyman was unable to be present it was decided that it would be best to have Dr. Senn fill his place. At the close of his address a vote of thanks and congratulations were tendered Dr. Senn for his most excellent paper. The paper was too comprehensive to give even a brief *résumé* here.

Meeting adjourned.

THURSDAY EVENING.

The meeting was called to order at 8 P.M.

"Pyloric Stenosis Without Dilatation of the Stomach," by Dr. N. Stone Scott, Cleveland. The doctor said that there was no subject connected with the medical profession in which such rapid strides have been made as in gastro-intestinal diseases, and yet many points are decidedly hazy in the minds of some of our best thinkers. We are perfectly well informed on various pathological states of the heart, and yet the diseases of the stomach, which is also a hollow organ, are not nearly so well defined as those of the heart. The literature on pyloric stenosis without dilatation is very small, and the symptoms of this condition also ill defined and vague, and in this connection, as an example as to how the subject is treated in the text-books, he made a citation from Osler in which this author states that the symptoms are those of dilatation of the stomach, and the symptoms mentioned under the heading of dilatation are such as only occur in advanced stages. Many cases undoubtedly of pyloric stenosis die unrecognized before they reach the above stage. The only direct effect of pyloric stenosis is the failure of the stomach contents to pass out in a normal manner, but the indirect effects are many and varied, and are recognizable under the symptoms which follow interference with the digestive organs and their contents,

and also those symptoms which follow as a result of autointoxication to be noted in distant organs and structures. As a usual thing, hypertrophy and dilatation proceed together, but where the stenosis of the pylorus comes on gradually and compensatory hypertrophy of the muscular coat of the stomach is of sufficient degree to prevent the development of dilatation, the case is hard to diagnose. The whole history of the case should be taken into account in the making up of a diagnosis, and an early operation performed as soon as such a diagnosis can be made.

"Perforation Wounds of the Eyeball," by Dr. C. W. Tangeman, Cincinnati. In presenting this subject Dr. Tangeman stated that in traumatism of the eyeball the anterior portion was most frequently wounded, first, because of exposure; and secondly, because the foreign body, sharp and pointed, flying swiftly, passes through the eyelid and enters the eyeball. At times a foreign body will cause perforation of the corneal structure, but if it is perfectly clean it will cause no trouble, save perhaps a little blurred vision, some pain and redness, which pass off in a short while. The great danger lay in the entrance into the eye of infectious substances, and again, in the fact that workmen in factories who are constantly getting bits of flying metal and other substances into their eyes have a fellow-workman attempt to remove an imbedded substance by the use of straws, etc., thus doing additional damage to the eye. He spoke of progress made in removing foreign bodies, and stated that while it was considered criminal not many years ago to pass an instrument into the eye through the wound made by the foreign body, to-day we do not hesitate to pass a forcep into the eye through the wound made by the foreign body, even if it must be enlarged or make a new opening through the sclera or cornea. He said that particular attention should be paid to cases in which the foreign body, on entering the eye, caused a little sting at the time of entrance, which was followed by slight inflammatory symptoms, with blurred vision when the

symptoms would subside, and afterwards very serious conditions follow, with perhaps sympathetic affection of the other eye. Where a foreign body has entered the vitreous chamber and has been removed by the forceps or magnet, your prognosis must be grave, as a large proportion of these cases have in later years ended in the removal of the eye. Any wound in the ciliary region is dangerous, aside from the presence of a foreign body or septic material which may have been carried in. In general, in all cases of injury to the eye strict asepsis, and the use of antiseptics, should be employed the same as in any department of surgery.

Meeting adjourned, which was followed by the annual banquet at the Great Southern Hotel.

FRIDAY MORNING.

Meeting was called to order at 9 A.M. The regular papers on the programme were presented in consecutive order, with the exception of Dr. Silver's paper, which was not read on account of the doctor's absence; and the title of Dr. Kinsman's paper was changed to "Hydrophobia."

Dr. Wolfstein's paper will be published later in the columns of the LANCET-CLINIC, as well as that of Dr. Kinsman's.

Brief reviews will be found below of the papers read by Dr. John M. Ingersoll, of Cleveland; Dr. S. S. Halderman, of Portsmouth; and Ralph J. Wenner, of Cleveland.

J. M. Ingersoll, of Cleveland, read an interesting paper on "Nasal Polypi in the Naso-Pharynx." Dr. Ingersoll said: "Large mucous polypi in the nasopharynx, with their pedicles springing from some portion of the nasal fossæ, are comparatively rare." He cited three cases in which such tumors existed in patients with symptoms of discharges from the nose and pharynx, persistent tinnitus aurium and increasing deafness; in one case, in addition to the above symptoms, asthma was a pronounced concomitant. In this case both nasal fossæ were filled with polypi. In all the cases complete recovery followed removal of the growths.

Dr. Ralph J. Wenner presented an interesting paper on the "Surgical Treatment of Hemorrhage Occurring in Ulcer of the Stomach and Duodenum." He said that the treatment of these conditions surgically was a comparatively new departure, as the first attempt at anything of the kind was made in 1880, by Mikulicz. Five prominent specialists in this field of work agree that between 4 and 5 per cent. of persons dying from all causes have at some time during their lives suffered from ulcer of the stomach. As to the benefits derived from medical treatment, various observers place the percentage of cures from 50 to 85 per cent. of the cases. As to vomiting of blood, it occurred in from 29 to 80 per cent. of cases observed by various prominent specialists. As to operation for this condition, statistics are not very encouraging, and the author of the paper has collected from various sources histories of forty-two cases, with a mortality of twenty-four deaths. He then gave a description of an operation performed by him for gastric ulcers of the stomach. After an abdominal incision made in the median line the stomach was drawn out and carefully packed about with gauze. A two-inch opening was made in the stomach on the anterior surface near the lesser curvature. The inside of the stomach was turned out, which disclosed the bleeding points, five in number. Two of these had the appearance of fissures, with loss of epithelium; the other three points were elevated, blue, and about the size of a pin, suggesting capillary aneurism, and upon touching them a free hemorrhage took place. These were all surrounded by purse-string sutures and ended in recovery. In other cases not only were bleeding areas found in the stomach, but also in the duodenum, which were treated in the same way as the stomach ulcers. After a careful study of his own and others' cases the following conclusions seemed to the doctor justifiable:

1. That the severity of the hemorrhage does not indicate the degree of ulceration.

2. That the time of vomiting bears

no constant relation to the location of the ulcer.

3. That repeated small hemorrhages or recurrence of a second grave hemorrhage demands operation.

4. That after careful medical treatment, extending over a period of two months, without amelioration of symptoms, an operation should be advised.

"The Treatment of Ulcers of the Legs," by Dr. S. S. Halderman, Portsmouth. Dr. Halderman stated that, after trying various methods of treatment for ulcers of the legs, he was led to adopt a simple method of treatment which seemed to have originated with an English surgeon, Dr. J. K. Spencer. He stated that this method was uniformly successful if properly followed out, excepting, of course, in cases of malignant ulcers. The form of ulcer which yields most perfectly and readily to this treatment is the varicose ulcer. The principle of the treatment is somewhat imitative of Nature's method, in that it applies a substance which will form an incrustation resembling in its effects the natural scab, and we should remove the dressing as seldom and with as little disturbance as possible. The remedial agent is an ointment in which chalk must be used in greater proportion than in any ointment in the Pharmacopeia. The formula is one pound of chalk, eight ounces of lard, and one ounce of ointment of the oxide of zinc. It is prepared in the following manner: Melt the lard, and having previously reduced the chalk to a very fine powder, add it gradually to the lard, stirring and triturating thoroughly and continuously until nearly cold. In the preparation of this application it should be seen that there is no grittiness in it. The advantages of this ointment are that after the lard is melted by the warmth of the part the chalk is disengaged and a portion of it combines with the secretion of the ulcer, and this forms the incrustation, which is formed first on the surrounding skin. The application should be disturbed as little as possible. Washing should be avoided as injurious. In addition to the ointment, a bandage made of Dommette flannel, six yards long and from three

to three and a half inches in width, should be applied, beginning at the toes of the affected limb and extending up to the knee. As the proper application of the bandage is a very essential part of the treatment, this should never be left to the individual, but the surgeon must apply it himself. With this form of treatment the patient need not rest or be in a recumbent position, but can do as he likes. If the ulcer is large and discharge great, it may be advisable to dress the leg every day at the beginning of the treatment, but it should not be disturbed oftener than necessary to get rid of accumulated pus.

Woodbridge Treatment of Typhoid Fever.

It is understood that a board of medical officers convened to investigate the merits of the Woodbridge treatment of typhoid fever, as carried out at the Fort Meyer General Hospital during the war with Spain by Dr. Woodbridge himself, then major and surgeon, United States Volunteers, finds a mortality of about 10 per cent. of all cases treated by the Woodbridge method and about 7 per cent. of all cases treated by other methods. In all, about 600 cases of typhoid fever were treated at the Fort Myer Hospital; of these, 57 were treated by Dr. Woodbridge, who was afforded every facility in the application of his treatment.—*Boston Med. and Surg. Journal.*

THE ACUTE STAGE OF EDOMETRITIS.—In the May issue of the *International Journal of Surgery*, Prof. Ralph Waldo in speaking of the curette in acute condition of endometritis says "that its use is not only not indicated, but in many instances would do positive harm during the acute stage of edometritis."

The congested and inflamed edometrium should be treated by local application which will exert a soothing yet stimulating and healing effect. Micajah's Medicated Uterine Wafers are especially indicated in edometritis and diseases of the uterus and its appendages. As a remedy for the treatment of diseases of women they have stood the test of time and are recommended and used by many leading men of the medical profession.

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Editorial.

THE BUILDING OF A BEING.

Environment exerts a potent influence upon all life, pertaining alike to the animal and vegetable kingdoms. Seed sown on poor or deficient soil, be it ever so good, will be either sterile or degenerate in character; whereas, if the soil is rich in fertile ingredients, that are easily assimilated, as good or better grain than the original seed will be gathered in the harvest. Stock animals, however good in breeding, when badly housed, improperly fed and poorly groomed constantly deteriorate in all of their functions and quality. They do not, nor can they, hold their own in comparison with their predecessors.

Similar influences govern and control human life. A child, the seed of strong, healthy parents, surrounded by unfavorable environments, is susceptible to deteriorating influences, which are certain to develop in knotty characteristics of mind, body and morals; while the human product of poor parents, when comfortably housed, fed and kept clean in person, will have born in them supe-

riority of mental culture, strength of body and refinement of morals not found in their ancestors. Environments of luxury are usually equivalent to surroundings conducive to idleness, and lack of industry is succeeded by degeneracy. Poverty that is not too great stimulates a hunger and craving for a better life, and produces a mental ambition to enjoy that which is beyond a present reach. This stimulant of ambition should be directed in right lines in order to an attainment of the highest ends.

In city life extremes of wealth and poverty constantly confront each other, and there is a continuous substitution going on, one for the other, and the change is not all in one direction. There is much greater equability in the country.

The environment of a tenement structure is always unfortunate. Association is necessarily in aggregation. The crowding destroys all tendency to individuality, and without individuality there can be no personal development. So-called flats are only a species of good tenements, and are harmful in the deteriorating influences generated in them. In all tenements the air is more or less impure, the blood correspondingly impoverished, and in some of the great caravansaries is positively poisonous. In such an atmosphere an infant from its very birth has a fight for life; some—many—live, and occasionally one conquers the environment in which it is placed. In all there are struggles and continuous strivings to get into a clearer sunlight, up and out of existing environment.

The great municipal school, with its score or more of teachers, does all of its work at a disadvantage. Bad air, with bad feeding of those committed to their care, handicaps honest teaching

effort. Still, nearly all do their best, pupils and teachers alike, but under such circumstances the building of a being bearing the image of the Almighty is fraught with continuous difficulty and many discouragements.

Because of these conditions it is good mission work to continuously encourage the city authorities to place every tenement and so-called flat or apartment house under the most stringent surveillance, involving a specific supervision of the amount of air space, paint and whitewash. The number of families permitted to occupy such tenements should be restricted and held within well-defined limits.

Under such conditions sickness and mortality rates would become less and less. A method, purpose and design should be to get the people out of such structures as rapidly as possible, and into the free air of country localities. As a sequence of depopulating the tenement there would follow an abandonment of the over-crowded, bad-aired school, and instead country schools with the environments of nature would respond with a better life of a better being.

All overflows should be from within out. Congestions and plethora are evidences of so much stagnation, which, if not soon relieved, are followed by gangrene and plague-spots. At these all nature revolts, and sloughs follow. It should be made as easy as possible to enjoy life in the country, and correspondingly difficult to stagnate in the city.

To build a creditable being, suitable conditions must be found, segregations must take place, and the life that is in the blood must be enriched and stimulated.

In the tenements and schools of the city there are entirely too many bundles

of nerves and idiosyncrasies; these should be transformed into an exuberance of brawn and brain. It can be done. The remedy has been indicated.

The family physician will do well to agitate questions of right home living, and particularly among the tenement house people. Too many are contented as they are; they simply live on in the direction of least resistance, and are slow to adopt a better way because of the struggle that is involved in a change.

THE AMERICAN MEDICAL ASSOCIATION.

The meeting this year is at Atlantic City, June 5-8. Go if you possibly can. The men and women who attend the sessions of the Association enjoy the satisfaction of knowing that there they will be in congenial company, and that adds to the delights of such occasions. Old friends are met and new ones made every time. The scientific associations are of the best, while the social features are not excelled. It will cost a few dollars, but not many. The satisfaction in getting value received is great. Railroad rates are a fare and a third, on the usual certificate plan. The writer and some of his friends will go by way of the C. & O. Road, which affords an opportunity to stop off in Washington.

A good time to leave here is Sunday noon, arriving at Philadelphia on Monday at 10:15 A.M. Leave Philadelphia at 2 P.M., arrive at Atlantic City at 3:15 P.M. Tickets to Atlantic City (\$17.25) allow stop over of ten days each at Washington, Baltimore or Philadelphia; also good for unlimited stops on return at White Sulphur or Hot Springs. Return ticket on certificate is \$5.60. Total for round trip to Atlantic City and return, \$22.85.

A more thoroughly enjoyable outing cannot be had. It is one that breaks the monotony of life and provides a feast for the intellect as well as rest for the body.

Mark the time of leaving Cincinnati is noon Sunday, May 3.

EDITORIAL NOTES.

REGISTER OF INTERNES OF THE CINCINNATI HOSPITAL.—The Society of Ex-Internes of the Cincinnati Hospital, formerly the Commercial Hospital, has issued a register of the internes from 1830 to 1890, compiled by Dr. Arch. I. Carson.

The history of public institutions is always full of interest, for they embody so much of the growth of a great city. It is quite surprising to note the extent of this interest, as shown by a published list of the men who were in their youth identified with a single hospital interest. It turns one into a reminiscent mood. With few exceptions the writer remembers the personality of those who constitute the list. Many—an unusual number—are or have been eminent in professional attainments, and nearly all have met with success.

In compiling the names and obtaining the addresses there was involved a good deal of drudgery work, for which Dr. Carson is to be complimented and thanked.

Colles' Fracture.

In a Colles' fracture, after the fracture has been reduced, what is better than the old-fashioned anterior and posterior splints, held in place by adhesive strips? If we desire, we can apply the ordinary muslin bandage over this. The palmar splint should come well down to the metacarpophalangeal junction. With such a dressing we can watch such a fracture and inspect it day by day.—
E. J. SENN.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Mosquitoes and the March of Empire.

One of the most useful things according to the *Practitioner*, which we have learned in these latter days is the infinite importance of the infinitely little. To practical men of only a decade ago the idea that mosquitoes were the greatest obstacle to the expansion of our empire would have seemed mere foolishness. We now know that if we are to carry out our mission of civilizing the heathen (and taking charge of his land) and bear the "white man's burden" successfully (and reap the profit of the undertaking), we must conquer the white man's worst enemy—that is, malaria. Therefore all the batteries of science must be directed on the germ-bearing mosquito. As may be gathered from the address delivered at the Royal Colonial Institute a week or two ago by Dr. Manson, the experts feel tolerably sure that the extermination of the mosquito is quite within the sphere of practical hygiene. But even mosquitoes cannot be killed without money. It is, therefore, an enterprise of great pith and moment to make business men looking for new markets realize that money bestowed for that purpose is a thoroughly sound investment in a commercial sense. And malaria, though the worst, is not the only enemy that hinders the march of empire. There are other diseases, both epidemic and endemic, that must be overcome if the tropics are to be habitable by our race. Here, again, we have to fight the infinitesimal. The solution of the problem of acclimatization lies in the destruction of microbes, and this, in Dr. Manson's phrase, is a question of knowledge and the application of knowledge. The London School of Tropical Medicine has been founded with the object of gaining the necessary knowledge and teaching men whose way of professional life lies in the Colonies how to apply that knowledge. It is already doing excellent work, but if it is to do the

State all the service which should be done by such an institution, it must be much more fully equipped than it now is with the means of research and of teaching. It is earnestly to be hoped that Dr. Manson's appeal for a liberal endowment will not fall on deaf ears. —*Boston Med. and Surg. Journal.*

On More Recent Investigations on Antitoxin Immunity.

C. Weigert, of Frankfurt a. M. (*Ergebnisse der Allg. Pathologie und pathol. Anatomie der Menschen u. der Thiere*, Bd. iv), begins his article with a discussion on the subject of the so-called natural immunity which certain animals possess against various toxines. He shows how this form of immunity is not due to the presence of an antitoxin in the organism of such animals, and has, therefore, nothing in common with antitoxin immunities, with which the article deals more especially. He shows that there are two distinct and separate varieties of antitoxin immunity:

First, an "active" immunity, which is brought about by introducing into the organism small quantities of a poison, which amounts must, of course, be carefully estimated for each species of animal, the body weight of the animal being considered. By the introduction of gradually increasing doses an antipoin is formed, so that the organism can stand very much larger amounts of a toxin than was the case before the antitoxic substance was formed.

The second variety is a "passive" immunity. In this form the antitoxic substances are introduced into the organism in a prepared state in the serum of another animal which has been immunized against some special toxin. These two forms of immunity differ in almost all respects from one another. The "active" form must necessarily be brought about very gradually, and when once obtained it persists usually for a long period, often for years. The "passive" form is quickly brought about, the toxin being immediately acted upon when in contact with the antitoxic substances. It is, however, an immu-

nity of short duration. The action of an antitoxin does not rest on its power to directly destroy a toxin, but its action consists in neutralizing its poisonous power in a purely chemical action, and thereby making it harmless. The antitoxin cannot be derived directly from the toxin; the manner of its formation is best explained by Ehrlich's so-called "side-chain theory" (*Seiten ketten theorie*) of cell activity. This theory has as its foundation the theory of the arrangement of atoms in certain groups of organic chemical compounds; taking, for instance, the benzol group, consisting, as it does, of a central ring of very stable atoms, around which are grouped certain groups of atoms of less stable character, and which combine with more or less ease when brought in contact with certain other atoms, forming various substances, which still contain as a nucleus the central group of atoms, so that the individuality of this group is not disturbed, and the compound thus formed still belongs to the benzol series.

Ehrlich compares the nucleus of a cell to that portion necessary to the life-history and integrity of the cell in general, and in this respect it resembles the central group of atoms of the organic chemical benzol series. Around the nucleus in the protoplasm of the cell are certain particles, which have less to do with cell life, but are more susceptible of combination with various chemical substances, and these more or less susceptible "side-chain" protoplasmic atoms (if we may be allowed to use this term) resemble the less stable atoms in the benzol compounds. If a toxin is introduced into the organism, provided it does not destroy the nucleus of the cell, its action is confined to the stable protoplasmic portions grouped about this nucleus. These form certain combinations with the toxin which are later extruded from the cell, and enter the circulation as antitoxins. The cell activity is not much disturbed, and as long as the nucleus is intact these protoplasmic atoms are reformed, so that the cell is prepared to form and reform antitoxic substances. If the serum contains a sufficient quantity of antitoxic

substance, and a toxin be introduced, the former acts directly on the latter, making it harmless, so that it exerts no more irritating effect on the cells which were susceptible to the action of the toxin. This neutralization goes on all the more readily, as both substances are in solution in the serum.

Ehrlich claimed for his views only the rank of a hypothesis. They have, however, been to a great extent substantiated in a thoroughly practical way by the work of Wassermann. Ransom and Mariena, and many of the former investigations of Metschnikoff on "natural immunity" in animals against certain poisons now seem well explained by Ehrlich's views. The work of Roux and Bonel, which these investigators believe disprove to a great extent Ehrlich's views, more especially the results of their work on action of the central nervous tissues on the toxins of tetanus, if we carefully consider their results. Weigert says "that one is struck that these investigations rather strengthen Ehrlich's views, and much of their adverse criticism rests on a misconception of this 'side-chain' theory." Ehrlich has also increased our knowledge very much in regard to the toxins formed by the organisms of tetanus and diphtheria, from both of which he was able to separate two distinct toxic substances, which possess widely different actions. From the organism of tetanus he obtained a poison which acts as a specific poison for the nerve cells. This substance he calls "tetanotoxin;" the other substance acts as a specific poison to the red-blood cell, producing a rapid anemia, but none of the symptoms of tetanus (*tetanus sine tetano*). This latter substance he calls "tetanolyisin." He was able to immunize animals against each of these substances, and showed conclusively that immunization against one did not insure against the action of the other, proving more conclusively the specific action of toxins and anti-toxins.

There is contained so much of interest in this article of Weigert's that one hesitates to present such a brief and necessarily unsatisfactory review. It is presented more with the idea of in-

ducing the reader to consult the original.—*Maryland Med. Journal*.

The Girl Was Alarmed.

At a private exhibition of slight-of-hand, mind-reading, etc., a rosy-faced housemaid who had been in attendance upon the party became greatly interested, and when not otherwise engaged stood in the doorway and watched the tricks performed by the conjurer.

At his request the girl brought in a very thick shawl, which was placed upon the table. One of the audience wrote upon a scrap of paper a number of three figures, which was placed upon the table under the shawl, face up.

The performer fixed his gaze on the shawl for an instant and said:

"The numer is 999."

When the party who had placed the number under the shawl pronounced the statement correct, the girl at the doorway gave one terrified look at the wizard, and with a scream she ran down the hall, shouting as she ran:

"What's the good of me clothes? What's the good of me clothes?"—*Practical Medicine*.

The Training of the Physician.

If our medical schools cede four years to the culture of the colleges, they have a right to ask that the colleges waste no time. The college should furnish such means of study that the student shall not go to the medical school ignorant of the use of the scalpel and microscope. Cats are abundant and cheap. The elementary facts of anatomy can be learned from them in college far better than in the dissecting room of a special school, where advanced work should be done, instead of the bungling efforts of beginners, who do not know a vein from a tendon.

The college course should also teach the medical student the general facts and theory of chemistry and the processes of chemical manipulation. The elements of botany and of vegetable and animal physiology should be in his possession; the facts of comparative anatomy, and the great laws of life, of

natural selection, heredity, variability, functional activity and response to external stimulus, which form the basis of organic evolution. He should know a bacterium when he sees it and should know how to see it. He should have heard of the correlation and conservation of forces; in short, he should know what is meant by scientific investigation, and in some degree should have caught the inspiration of it. The physician should, moreover, learn to write and speak good English. Besides this, he ought to—he *must*—read French and German. Other languages will not hurt him, nor will a knowledge of literature, philosophy or history.—DAVID STARR JORDAN, in *California Med. Journal*.

Treatment of Leucorrhœa.

Dr. Landau (*Deut. med. Woch.*) recommends the use of yeast in the treatment of leucorrhœa, due to the presence of the gonococcus. He employed this treatment in more than forty-eight cases; in the great majority of these cases the discharge ceased after two applications. Landau used yeast cultivation liquid and injected this to twenty cubic centimetres into the vagina.

On introducing a medicated tampon, which he kept in place for twenty-four hours, two patients complained that it gave them a painful burning sensation; none of the other cases found any unpleasant effect.

He considers that the effect is produced (1) by the expulsion of the microbes producing the leucorrhœa by a mechanical action due to the increase of volume of the yeast; (2) by the destruction of the nutritive substance necessary for the pathogenic microbes; (3) by the therapeutic action of the yeast and its products.—*Med. Press and Circular*.

Resection of Three Yards and a Half of the Intestine.

M. Montprofit, at the Academy of Medicine, said that he was called to a man, who had an inguinal hernia of the size of an adult head, which continued

to progress, and could neither be maintained nor reduced.

Having resolved to practice the radical cure of this enormous hernia, he made the first incisions, and when the intestine was brought to view it was found to be in such an entangled and mixed up condition that he decided to remove the whole mass. The two divided ends of the intestine were brought together and sutured without difficulty. The man made an excellent recovery, and were it not for some diarrhea each time he eats meat he would have suffered no inconvenience from the operation. The mass of intestines removed weighed three pounds and a half and comprised a part of the ileum, the cecum, the ascending colon, and half of the transverse colon. The total length was nearly ten feet.—*Paris Cor. Med. Press and Circular*.

The Use of Calomel in Diphtheria.

In the hands of T. D. Coleman (*International Med. Magazine*), calomel has been of the greatest service in the treatment of diphtheria. His rule is to give a large dose of the drug at the beginning, regulating it according to the age, and then to give hourly doses until characteristic "chop-spinach" movements appear, then the interval is increased until the drug is left off entirely. He has never seen any bad results follow the use of the drug, even in enormous doses. He mentions that his father gave to a boy of five years 360 grains in three days, and the child made a good recovery.—*Laryngoscope*.

Leather Splints.

In order to prepare leather for making moulded splints it should be softened. Soaking in water will do, but it takes a day or two before the leather is soft enough. If you wish to save time, place the leather in water containing a tumblerful of vinegar or dilute acetic acid to each quart, and it will soften in a few hours. In order to obtain a really good fit, it is best to take a plaster cast of the limb to be encased, and mould the leather over the cast.—*International Journal of Surgery*.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Tuberculoseries and Leproseries—The Spread of Phthisis Since the Middle Ages—Is it the Result of Intensive Viruses?—Boucher's Latest Diatribe Against Brouardel—Food for the Reflecting.

In modern days, when leproseries are being erected in Esthonia, at Riga, in Courlande, and even in Germany, in the Circle of Mensel, other similar establishments are rising everywhere in the vast realms of Morticolia, that to-day includes all of Europe, and regions of Asia, America and Africa, at least in those lands called civilized (?). We imagine that, by necessary synonym, our descendants will call the latter tuberculoseries, and that these will appear to them as ancient leper houses appear to us at the present day, those ancient leper asylums, the indelible stigmata of a desolate and barbarous period, the pitiable vestiges of criminal ignorance of a bacteriological sect, the indisputable sign of the destruction of peoples agonized by the weight of armies.

But, as well, we believe it absolutely inopportune to enter into any considerations of the philosophic order, and we rather prefer, profiting by a happy circumstance, something much more delicate, more refined, more effeminate, if we may dare to use this word, as to the struggle against tuberculosis and the incontestable utility of sanatoria when viewed in relation with a most widely spread malady.

Brouardel, the grand magi, arrived from Paris, the greatest of all experts (?), to bring the word of truth to the benighted Faculty of Nancy, the chlorotic offspring of that Strasbourgian school that was once so brilliant and beautiful.

He arrived, and the chosen crowd of his advocates, the past masters of bacteriology, public officials, judges, officers, priests, canons and archbishops, listened, open mouthed, to the learned

words that fell from the lips of the Sovereign Pontiff of Germs.

These lips said, in sober movements, with sweet and persuasive intonations, the most incoherent things, that the vulgar crowd comprehended, for all such assemblages are given to applause, these gatherings of physicians and professional men being only, after all, like the common people.

He said, *with confidence*, that up to the middle of our century, and especially before vaccination, in those ridiculous scientific epochs during which at least fifteen thousand individuals disappeared yearly from France from the effects of tuberculosis, its incoming was viewed with an oriental feticism, and it was considered incurable.

From the beginning of bacteriology up to intensive vaccines, from the advent of antitubercular and other serums, its has, despite our perfected public hygiene, despite our remarkable anti-septic practices, exaggerated its ravages to the most frightful proportions. There are no longer but fifteen thousand deaths per annum in France, but *two hundred thousand victims fall before the malady every year*, and that during a period of peace, when the conditions of life were better than ever before and prosperity everywhere.

But does this astonish you? Are you surprised? No, gentlemen, you are much less so than others, since the distinguished president of this conference, the eminent Professor Spillman, has so many times shown you that flies, mosquitoes, fleas and all other insects of a new creation must be considered as the active agents, as the natural vehicles, fatal, predestined for this dreadful disease, as the very meteorologic causes of its expansion these later *scientific* (?) years.

Up to the present moment we have taught, following undisputed experiments, that the microbe of Koch, *outside* of the flies, directly communicated itself by way of the respiration; other experiments, more recent, but as indisputable, have revealed to us that this was nothing, and that Koch's microbe, *always unfound in tubercles*, according

to the demonstrations of Professor Middendorp, is simply transmitted by dried spit. I must add, however, that the latest experiments, narrated at the Tubercular Congress by Fraenkel, oblige us to admit that the *drying kills the microbe* in the same manner as air and light does, and inasmuch as the non-existent microbe is not transmissible, we must conclude that it is very important to avoid contagion from this microbe, and therefore expectorate in the same handkerchiefs and cuspidors, and never spit on public highways, on the sidewalks, streets or byways.

I see, gentlemen, from your vigorous applause, that I have made you, the *elite* of the intellectual society of Nancy, understand. I shall continue my discourse by showing you that there exists a more powerful factor than fleas, flies and dried sputum in the propagation of tuberculosis, *i.e.*, the mischievous tenements that abound everywhere today.

There may be objections to this statement, inasmuch as during the Middle Ages and nearly up to our own times, during the seventh century and a part of the eighteenth century, unfortunates were crowded together in the cities and country, as has been described for us by such authors as Labruyere, Bossuet, Lamoignon, Gui Patin, etc., people who inhabited dens of wild beasts crowded together, and that despite of this tuberculosis did not prevail.

Gentlemen, the documents of that period will not permit us to suppose that such dens were classed by medical sanitary commissions in the category of unhealthy habitations. Officially and medically unhealthy dwellings did not exist, and by a logical sequence and indisputable deduction there was no tuberculosis.

I now come to the most consoling part of my argument. Tuberculosis, gentlemen, is curable, eminently curable, for *numbers of autopsies* show that we find in the lungs of old people dead of other diseases cured tubercles. But see the irony of things; other times, when the disease had few victims in France and it was believed incurable,

it was not so deadly then and cured itself all the same. It is only in modern days, when all the world dies or is threatened with death, that we notice we can cure it.

What is it necessary to do, then? To create special centres, to construct special consumption hospitals in blessed regions where no phthisis ever existed. Such tracts of country are near us, as, for instance, Saint Christophe.

Meantime—mark this well, gentlemen—there are certain sophists who imagine the establishing of certain proportions between the importance of these hospitals and the number of consumptives dying in those regions, but that is not sufficient. It is necessary to erect rich institutions, and the causes of tuberculosis, although they may exist outside of them, will be found weakened; this is what has happened, it is claimed, in England.

Take, if you please, an example. You have here in Nancy, and the region hereabout, five hundred consumptives at last, I suppose. Very well; when your hospital for sixty is furnished that should be all sufficient, for four hundred and forty would profit by the innovation of this benevolence, and thus you would have the frightful source of this dreadful malady in the beautiful country of Lorraine as a rampart against a *germ-man* invasion.

This he said, and, adds the narrator, the session was closed amidst indescribable enthusiasm, with the sweet sounds of music, amid deafening applause, and words of gratitude poured forth by the eminent Professor Spillman (the fly man), to the expert (?) Brouardel (of Bournemouth).

Of course, bacteriologists will not appreciate this outburst of Boucher's. It is touching. No wonder that the whole common world now tends to join antivaccination societies in order to avoid going to tubercular hospitals. Bovine virus has done its deadly work, thanks to the microbians and the criminal owners of alleged serum factories and vaccination farms, who spread their poisons broadcast even under cover of so-called legal enactments. Great is Bacteriology!

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Original Articles.

SOME POINTS ON BENIGN STRICTURE OF THE RECTUM.

With the Report of a Few Cases Located
High Up in the Rectum.*

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It is a fact worth noticing that the canals leading from the interior of the body to the external air, such as the rectum, esophagus, urethra, etc., are subject to diseases common to one and all. None of them is exempt. Syphilis, cancer, ulceration, with the resulting contraction, attack all of these canals alike. But none of them is so frequently prone to ulceration, with secondary contraction of its lumen, as that involving the lower portion of the gut.

If we consider the location, the function and the anatomical relation of the rectum to the surrounding parts, we can easily understand why this canal is so frequently the seat of disease.

First, the fecal mass that passes through this canal is more solid than that which passes along either of the other canals.

Second, the fecal mass does not leave the body of its own accord, but is forced out, stretching the rectum and the anal outlet in its course through the canal on its way to the outer world; while the urethra and esophagus are never over-distended by the foreign bodies passing through them.

Third, the fecal mass often contains

foreign substances (hard and sharp) which may injure the walls of the gut in their passage through it.

Fourth, certain diseases located in the lower gut, such as polypi, hemorrhoids, ulcers, etc., by their frequent tension of the part during each act of defecation, do exert a deleterious effect on the lining membrane of the gut.

Fifth, the fecal mass is usually voided once in twenty-four hours; frequently it remains in the gut for forty-eight hours; occasionally a week may elapse before its expulsion. A foreign body remaining so long in contact with a mucous membrane can hardly fail to produce some pathological alteration.

While slight contraction of the rectum would not cause any appreciable symptom whatever on account of the larger size of the gut, a corresponding contraction of the other canals would produce more noticeable symptoms on account of the smaller calibre of these tubes. Consequently, the patient's attention would more likely be drawn to these canals early in the history of the case than it would to the rectum.

Stricture of the rectum is believed by some authorities to be an uncommon affection.

Van Buren¹ maintains that stricture of the rectum is not a common disease, but "when you do meet with obstruction to function from narrowing of the calibre of the bowel in this locality, in a majority of such cases you will have to deal with cancer."

In looking over the statistics of 4,000 consecutive cases observed by Mr. Allingham² in the out-patients' department of the St. Marks Hospital, we observe that benign stricture of the rectum occurred in 178 cases, nearly 4½ per cent.

On the other hand, my own observa-

*Thesis presented to the American Proctological Society, held in Washington, D. C., May 2-3, 1900.

tion would lead me to think that stricture of the rectum is more frequently met with than these authorities would lead us to suppose.

While the majority of surgeons claim that that portion of the rectum located near the anus is the part most frequently affected, others (though fewer in number) say that that part where the rectum and sigmoid flexure unite is the portion usually involved.

Ashton³ says that "the most usual seat of stricture of the rectum is within two to three inches of the anus."

Kelsey⁴: "Most strictures are located in the lower part of the rectum, and hence their presence is easily detected in the majority of cases."

Esmarch⁵: "The location of the stenosis is most frequently at the upper border of the anus, where the mucous membrane begins. Stricture may be found in all other portions of the rectum."

Henry Smith⁶: "Majority of cases of stricture is situated near the rectum, although it is frequently met with higher up, two to three inches from the anus, more rarely near the sigmoid flexure."

Ball⁷: "In by far the majority of cases, however, the locality affected is the rectal pouch, the lower orifice of the stricture being within three inches of the anus. In rare instances the position is higher up at the junction of the sigmoid flexure with the rectum."

Sir Benjamin Brodie⁸: "Strictures of the rectum are commonly situated in the lower part of the gut within the reach of the finger." Strictures situated higher up are, "however, you may be assured, of very rare occurrence."

Van Buren⁹: "Benign stricture is, therefore, in the great majority of cases within the reach of the finger, which I estimate at from three to three and a half inches in length."

In a table of seventy cases of stricture of the rectum reported from St. Mark's Hospital by Mr. Allingham¹⁰, we find that only three were strictures located higher up in the gut than three inches; nearly all others were situated within two inches from the anus.

In sixty cases of stricture of the

rectum examined postmortem, Perret¹¹ found the stricture located four times at the anus and extending upwards; thirty-two times situated within two and one-half inches from the anus; three times situated at two and one-half inches from the anus; seven times situated between two and one-half and three and one-half inches from the anus; four times situated at three and one-half inches from the anus; six times situated at the junction of the sigmoid flexure with the rectum.

Mathews¹²: "It is a well-known fact that the common seat of stricture is within the reach of the finger, and it is the rarest case to find one in the movable gut."

Gant¹³: "Stricture of the rectum is usually located in the lower portion, though no part of the colon or rectum is exempt."

Curling¹⁴: "It varies, but is usually at the lower part of the gut, about two to three inches from the anus, and easily within reach of the finger." He further goes on to say that "the point at which the sigmoid flexure terminates in the rectum, which naturally presents a slight contraction, is not unfrequently the seat of stricture."

Mr. F. Salmon¹⁵: "In the majority of cases the stricture has been situated between five to six inches from the anus, about the situation of the angle formed by the first portion of the rectum."

Bardeleben¹⁶: "Most frequently it is situated immediately above the anal opening or at the border line between the rectum and sigmoid flexure."

Cripps¹⁷: "Agrees with Brodie, Kelsey, Van Buren and others as to the rare occurrence of stricture in the upper part of the rectum. . . . Of seventy cases mentioned in the St. Bartholomew's Hospital table, only three were situated higher than four inches from anus. . . . The very fact of the comparative rareness of stricture beyond the reach of the finger ought to make us careful not to overlook the possibility of their existence."

CASE I.

Mrs. S., aged about twenty-eight years, mother of one child; had been

suffering for many years with symptoms referable to the stomach and bowels. She was of small stature, five feet two inches tall, and weighed about ninety pounds. She was very anemic in appearance, and complained of pain in the lower bowel and had difficulty in defecation. She had been treated for many years by many well-known physicians, not only at home, but also in some of the Eastern cities. Her stomach was first attacked, and she was treated by careful diet and lavage. Later her colon was daily irrigated with large quantities of water; this improved her somewhat, but did not entirely relieve her. At last she was put on a mixed diet. She gradually improved in weight and appearance, so that during the last few years she has been feeling better. Her stomach at present seems to be in perfect condition; she can digest foods most difficult to digest. Her bowels still trouble her somewhat; they do not move regularly. She suffers at present now and then, at regular periods, with a severe agonizing pain, located in the lower abdomen. This pain appears to come on at regular intervals, simulating very much that of malarial origin, for which disease she had been treated a long time without any success. A digital examination of the rectum was made, which showed that there was no obstruction as far as the tip of the finger could reach. Thinking that perhaps there might be some trouble higher up in the rectum, a soft rubber (Wales) bougie, No. IV, was introduced. This instrument met with an obstruction at a point about five inches from the anus. A smaller bougie was then introduced, which, with some difficulty, passed the constriction. A diagnosis of stenosis of the rectum was made, and the treatment pursued was the introduction of the graduated bougie twice weekly through the stenosis. Several months of treatment enlarged the opening of the stricture to such a size that a No. VII could readily be passed. About this time treatment had to be suspended on account of the patient becoming pregnant.

It seemed rational that, after dilatation of the stricture, the periodical pain

in the bowels should cease; so it has, and even to this day, a period of at least three years, the characteristic pain has not returned, although she still suffers more or less from constipation.

From the symptoms of this case stricture of the bowels could have been presumed to be present. She had been suffering for many years from constipation, alternating with diarrhea; the movements were composed mainly of large quantities of mucus, and the symptoms that she presented in the last year were of such a character that even without a physical examination a diagnosis of the case could be made.

She suffered with pain about once a week, and it usually selected Sunday as the day of attack. She awoke in the morning between seven and eight o'clock with a severe agonizing pain, griping in character, located in the lower belly, lasting for some time, which pain was always somewhat relieved by the patient emptying her bladder, after which the bowels would move copiously and she would feel perfectly well until the following Sunday, when the same character of pain would come on.

CASE II.

Another case just as interesting was that of a man, aged about twenty-one, of slender build, who consulted me in July of 1895 for constipation and dyspepsia. He had been treated by different physicians for stomach trouble, had been put on a careful diet, and had been so conscientious in carrying out the diet treatment that when he presented himself he was looking the picture of misery. He had become so weak that he could hardly attend to business.

On examination of the bowels it was found that only a small-sized bougie could pass, and a diagnosis of stenosis of the bowels (about four and one-half to five inches from anus) was made. As he contemplated taking a vacation, he was advised to keep his bowels open with aperients and to eat all kinds of food. On his return he appeared to be in better condition than when he left home. His stomach seemed to digest

everything that was put into that viscus. The treatment with bougies was kept up for some time, but had to be discontinued on account of the patient acquiring a severe attack of gonorrheal cystitis.

CASE III.

Mr. K., aged about thirty-five years, whose occupation was that of a porter in a wholesale liquor house, has been suffering for more than ten years with some trouble connected with the bowels. He complained mainly of diarrhea, his bowels moving from four to five to a dozen times in twenty-four hours. Some days it was worse than on others. He claims to be unable to recall the time when his movements were solid. He is a man five feet eight inches tall, of anemic appearance, and weighs about one hundred and forty-five pounds.

A Wales bougie No. III only could be passed through the stenosis, which was located about four and a half inches above the anus. There seemed to be a second contraction situated about the junction of the sigmoid flexure with the rectum. The introduction of the bougie produced some pain, and, upon its withdrawal, there was adherent to the instrument some mucus and blood. The treatment consisted in the daily irrigation of bowels and the passing of the bougie twice a week.

It took about three months of treatment to dilate the stenosis to such a size so as to allow a No. VIII Wales bougie to pass. He has steadily increased in weight, so that he is now weighing over one hundred and sixty pounds; his bowels move once or at most twice daily, and the movements are solid, a thing that he cannot recall to have occurred in a dozen years.

CASE IV.

Mrs. T., aged about forty-three years, of medium height and of a nervous temperament, has been suffering for many years with irregularity of the bowels. The movements were always covered with mucus, and very often with blood. At first an ulcer situated within the sphincter ani was thought to be the cause of the trouble. This

was cured by thorough dilatation with incision, which operation relieved the patient for a long time. After a while the old symptoms began to reappear; an examination was then made with a medium-sized bougie, which readily entered the gut for about five inches, where it met with an obstruction; a smaller size bougie (No. IV) was then used, which passed through the stenosis. On inspection of the rectum with a Kelley's proctoscope, we found that mucous membrane was highly injected and was covered here and there with a greyish deposit. The instrument could only be introduced to the upper portion of the rectum, where it met with an obstruction. A probe passed beyond this point showed that the lumen was contracted and that it was very sensitive to the touch.

CASE V.

It is something unusual to feel digitally a stricture of the rectum which is situated in the upper or movable portion of the gut. I reported some time ago, in a paper entitled "Some Points On Stricture of the Rectum,"¹⁸ the case of a boy, aged about nineteen, who presented himself at the surgical clinic of the Medical College of Ohio, who was suffering from stenosis of the upper or movable portion of the rectum. In this case the upper portion of the rectum, with the strictured mass, was invaginated into the lower or fixed portion of the gut, and the sensation that this mass imparted to the examining finger introduced into the rectum was very much the same as that produced on introducing the finger in the vagina. The stricture invaginated mass, with its small lumen, simulated very much the cervix uteri with its os externum, while the dilated gut above filled with fecal matter produced the impression of an enlarged corpus uteri. The finger in the rectum could very readily sweep around the false cervix, while the rectum below into which the strictured mass prolapsed resembled very much that of the vagina. Had this patient been under a sheet it would have been very easy to have made the mistake in believing that the genitalia of a woman instead

of the rectum of a boy was being examined.¹

CASE VI.

Mr. C. M., from Gallipolis, O., was sent to me on account of some rectal trouble. He is a man twenty-eight years of age, five feet eight inches tall, weighing one hundred and thirty pounds. Has been enjoying good health until four years ago, when he had an attack of typhoid fever, from which time he dates his present trouble. He says that he is afraid to eat; for as soon as he does his bowels move. He has been dieted and medicated, and notwithstanding all this, his bowels are always loose, moving eight to ten times a day. On examination a slight ulcer was detected within the anus, but no stricture as far as finger could reach. With a Wales bougie a stricture four and a half to five inches from the anus was detected; it allowed a No. IV bougie to pass. He was kept under treatment for about four weeks, and when he left a No. VII could readily be passed through the stenosis; his movements were more natural, moving only once a day, and they were solid.

If we look over the array of opinion expressed by the various well-known authorities above quoted, we find that nearly all of them state that stricture of the rectum is most frequently situated near the anus. Notwithstanding this, my experience does not justify me in agreeing with them. I have found that stricture of the rectum is more often found not at or within two and one-half inches from the verge of the anus, but is located beyond the reach of the finger.

In nearly three hundred and fifty consecutive cases of rectal trouble occurring in private practice, there were found twenty cases of stricture of the rectum. Of these, two were malignant and the others were benign. Twelve were situated high up in the rectum near the sigmoid flexure beyond the reach of the finger, and six were located near the

anus. In other words, benign strictures occur about one-fourth times oftener in the rectum than Allingham would lead us to suppose; and, further, that it affects the upper portion of the rectum twice as often as it does the lower portion.

In the out-patients' department of the surgical clinic of the Medical College of Ohio most cases of stricture of the rectum were found to be located near the anus, and the only case where the stenosis was located higher up was the case (V) above reported.

The fact that fewer cases of stenosis of the rectum high up were seen in the out-patients' department of the surgical clinic than in private practice shows that these charity cases apply for relief to the medical man, and are probably treated by him for some bowel trouble without the real cause of the disease being recognized.

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BELLADONNA is indicated in dullness, delirium, vertigo, headache, distention of the veins, epilepsy and typhoid fever delirium, etc.—*Med. Summary.*

¹ Curling, p. 86, reports a similar case occurring in the London Hospital in 1850.

THE PRESENT STATUS OF ABDOMINAL SURGERY.*

BY RUFUS B. HALL, A.M., M.D.,
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Whilst duly appreciative of and grateful for the honor of presiding over so distinguished a body of medical gentlemen, I nevertheless feel that the conferring of this honor imposes also important obligations. If I hope to please this energetic and ambitious body of medical men I must not weary you with any very extended remarks, and these should be upon a subject that will interest all practitioners of medicine. I have decided to invite your attention for a few minutes to the topic, "The Present Status of Abdominal Surgery."

When Ephraim McDowell, in December, 1809, accomplished his great feat, the successful removal of an ovarian cyst, he became one of the greatest benefactors of the human race. After years of doubt and contention as to his claim, this honor was at last conferred upon him. The medical profession of the whole world did him homage. In later years when this operation was conceded to be a legitimate surgical procedure; through the combined efforts of our distinguished Dunlap of Ohio, Nathan Smith of Connecticut, Gallop of Vermont and the Peaslees of Pennsylvania, it was believed by many who are still living that the limit of surgical procedure inside the abdomen had been reached. In 1863 ovariectomy was reported as having been performed in America 117 times, with 68 recoveries and 49 deaths. Time will not permit the review of the early history of the operation in this country and abroad, and the mention of all those distinguished men who helped to place it within the domain of legitimate surgery. Suffice it to say that the mortality attending the operation for removal of ovarian cysts that are uncomplicated is not now more than 3 or 4 per cent.

Surgery within the abdomen prior to 1872 was limited to the removal of

large ovarian cysts, except in a few instances where a mistaken diagnosis had been made by the operator. In 1872 Battey (of Georgia), Hegar (of Heidelberg) and Tait (of Birmingham) each planned and deliberately executed the operation for removal of the ovaries for definite pathological conditions when they were not the site of tumor formation. It is true each sought a different object, but their work and influence greatly enlarged the field of surgical procedure in the abdomen. They extended surgery into the pelvis, and to their influence, combined with that of Lister, is largely due the present broad scope of surgical procedure in this department of surgery.

The removal of pus formations in the tubes and ovaries, with the varied allied diseases, with which Tait's name is so closely associated, was a step greatly in advance at the time of its inauguration. It is an operation that has saved many valuable lives and relieved untold suffering. The technique of the operation has been so improved of late years that the mortality in pus cases has been greatly reduced, making this one of the great life-saving operations of the day.

The operation for removal of ruptured tubal pregnancy, if the operation is made before the patient becomes exsanguinated or septic, is one of the most favorable in abdominal surgery. It snatches the patient from the very jaws of death.

The operation for myoma of the uterus marks one of the great advances in surgical achievement. This operation should be as successful as that for removal of ovarian tumors, providing the case is operated before complications arise involving the tumor, abdominal and pelvic viscera. The new operation of myomectomy, or rather the revival of the old one with a new technique, bids fair to become popular, as it should, yet there will always be cases where this procedure cannot be employed. There is no question as to its legitimacy in properly selected cases. Total extirpation of the uterus for cancer is an operation that is practiced by many surgeons to-day with good pri-

*Address of the Retiring President, delivered before the Ohio State Medical Society, May 10, 1900.

mary results. Extirpation of the uterus for cancer of the cervix, either by the vaginal or abdominal route, is an operation that is made with a surprisingly low mortality, ranging all the way from 2 to 10 per cent. Yet it is an unfortunate fact that within a year or two a large per cent. of these patients have a recurrence. This fact should not deter the surgeon from rendering his aid for the relief of these unfortunate patients.

The operations of Cæsarean section and Porro's operation are, fortunately, rarely required. When they are necessary it is gratifying to know that there are men scattered all over this State and country who are prepared and willing to operate in this emergency. It has only been a few months since one of the younger members of our profession, living in a country district, made the Cæsarean operation, saving both mother and child.

Operation for rupture of the uterus during labor, unfortunately, has a high mortality attending it, owing to the fact that these cases are usually infected from the contents of the uterus emptying into the abdomen before the operation is made. This infection, plus the large amount of blood lost before the operation, gives to it a very high mortality. Yet operation promises some chance of saving life.

The removal of the uterus in puerperal sepsis is an operation that is not yet firmly established as a surgical procedure. To make a correct diagnosis and be able to say that the patient in question will not recover unless the uterus is removed, and that she will probably recover if it is removed, is a very difficult problem for the physician. This uncertainty and the high mortality makes the legitimacy of the operation questionable. It remains for the future to decide this very important question.

Operations upon the gall-bladder are often performed for gall-stones obstructing the common or cystic ducts, dropsy, an empyema, wounds and perforations. The field of operation pertaining to the gall-bladder and gall-ducts has been greatly enlarged in the past few years. Medical opinion has greatly changed

regarding this class of diseases. Formerly they were considered exclusively medical; now they are considered almost, if not quite, surgical. The mortality attending the operation where the common duct is not obstructed is as low, if not lower, than any of the abdominal operations; while the mortality attending the operation where the common duct is obstructed is very high, probably 40 to 50 per cent. This ought to be a great incentive to induce the physician to advise an operation early in the disease before the common duct becomes obstructed.

Splenectomy, fortunately, is an operation that is rarely called for, but when that organ becomes the seat of disease, necessitating its removal, it is not exempt from the surgeon's knife. Two of our members have recently successfully removed greatly enlarged spleens and cured their patients.

The pancreas must always present a limited field for the exercise of operative surgery. It is not surprising, therefore, that the experience of the past has added little to our knowledge upon this subject. Until Senn presented his essay to the profession, in 1885, there was not much literature by which to be guided. He may be said not only to have founded, but to have built up, the surgery of this organ. The removal of the organ is exceedingly difficult, tedious and dangerous. Tapping or aspirating cysts of this organ promises little, if any, permanent relief; but if the abdomen is opened and the cyst stitched to the abdominal wall and drained, there is a fair prospect of recovery.

Cysts of the omentum are not infrequently encountered and removed. The operation is a difficult, tedious and bloody one, but it promises good results. Tumors of the mesentery are not infrequently encountered and have been successfully removed. If the tumor is a solid one the modern practice is to enucleate and remove it; if it is a cyst stitch it to the abdominal wall in the line of incision and drain it.

In peritoneal tuberculosis surgery has been of great service. Especially is this true where there is encysted dropsy. If the infection has entered through the

Fallopian tubes, with formation of an abscess in one or both sides of the pelvis, and the operator is able to remove the pus cavities and establish drainage, a surprisingly large number make complete recoveries. But surgery has been of little or no avail in peritoneal tuberculosis where there is no fluid in the peritoneal cavity.

In gunshot or stab-wounds of the abdomen involving the intestine and stomach surgery has been of great service. Especially is this true if the operation for relief is made within two to four hours of the receipt of the injury. In operations made twelve or more hours after the receipt of the injury the mortality is very much greater. The same could be said regarding perforations of the stomach and duodenum due to ulcer. The improved technique that our distinguished Senn gave us in his bone-plates for intestinal anastomosis was afterwards greatly simplified by the Murphy button. Later this was greatly improved by Dr. LaPlace's invention of his clamp forceps, by means of which end-to-end anastomosis can be quickly and safely made, and when completed no foreign body is left in the intestinal tract. There has been one great law established beyond dispute in dealing with intestinal perforations, viz., the sooner the operation is made after the receipt of the injury the more certain will the patient recover. From the very nature of the injury and the extent of the operations the mortality must always be high in this class of operations. But when we remember that the best statistics to date give a mortality of 88 per cent. for all penetrating gunshot-wounds of the abdomen treated without operation, we can well afford to make an effort to reduce this mortality. This, I am glad to say, surgery is able to accomplish.

The various operations of gastrotomy and gastroenterostomy have been frequently made with very gratifying primary results, and recently the medical and surgical world was startled by the report of a case of total extirpation of the stomach, with the recovery of the patient. This operation has been fol-

lowed by several other similar ones, with a few recoveries as well as a few deaths. But it is an operation that will probably not become popular.

Operations for rupture of the intestine from trauma have been successfully performed on a number of occasions. The prognosis of intestinal rupture being utterly hopeless without surgical interference, operation gives the patient the only chance of life. The advisability of operating for perforations of the intestine during typhoid fever is a broad and difficult question that is not thoroughly settled as yet. A few successful operations for this condition have been made. The first successful case in Ohio, to my knowledge, is the operation recently made by one of our former presidents.

Operation for rupture of the urinary bladder from trauma has been made quite a number of times. The mortality attending the operation must necessarily vary according to the amount of injury to the pelvic bones and adjacent structures. But considering the almost necessarily fatal termination without operation, a very high mortality would not be a contraindication to the operation.

Surgical intervention in peritonitis is the natural result of our increased knowledge of the causes of peritonitis. The conditions demanding surgical intervention for their cure are manifold, and will not be referred to in detail; but it may be asserted with positiveness that all accumulations of pus in the peritoneal cavity, from whatever cause, should be dealt with surgically and without delay. Perhaps the one organ calling most frequently for surgical interference to prevent acute peritonitis, except possibly the Fallopian tubes, is the vermiform appendix.

Only a few years ago appendicitis in all of its various forms was regarded as purely a medical disease. But to-day there is hardly a physician in our land who is not willing to concede that there are a large number of these cases that should be treated surgically. The majority of physicians are inclined to the opinion that the disease should be regarded as a surgical one from the first.

Appendectomy is truly a life-saving operation—one that has saved many valuable lives and is destined to save more in the future. It is one of the triumphs of the surgery of our age. Appendicitis is a disease that spares no one; neither the old nor young, rich nor poor are exempt. If the operation is made in the interval of the attacks the mortality is not more than 2 per cent. Where an appendiceal abscess is opened before rupture into the peritoneal cavity the mortality is very low. Operation after rupture of the abscess into the peritoneal cavity, the reverse is true.

This brief *résumé* indicates what may be expected of the abdominal surgeon of to-day. He has taken advantage of all advances in pathology and general surgery and applied their principles to his own special field. Every new fact in therapeutics or in internal medicine has been weighed to determine its possible use in symptomatic or preventive treatment.

Standing fully abreast of his professional *confrères*, the abdominal surgeon looks to the future with confidence. Increasing knowledge, better morals and cleaner lives will lessen in some fields the call for his services. But he will be better equipped for the work that will always remain for him to do.

Bureau of Information in Philadelphia.

The directors of the Philadelphia County Medical Society will establish a bureau of information for the benefit of physicians on the way to Atlantic City, at the College of Physicians of Philadelphia, northeast corner of Thirtieth and Locust streets. This bureau will be open from 10 A.M. until 5 P.M. daily except Sunday, from Monday, June 4th, to Monday, June 11th. Physicians are invited to make free use of the bureau, where they may obtain full information relative to the situation of the various hospitals, medical colleges, and other scientific institutions of Philadelphia, and the time of operations and clinics at the different hospitals throughout the city.—*N. Y. Med. Record*.

ALCOHOL: ITS PLACE.*

BY R. T. TRIMBLE, M.D.,
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Well knowing the value of time in the meetings of this association, it is with hesitancy that I ask a hearing upon a subject so often and fully discussed as alcohol. It is only the importance of the theme that offers a reasonable excuse for its presentation, especially when one has no original investigations or novel ideas to offer. One merit, however, is promised as a bid for your kind attention—the merit of brevity.

First, is alcohol to be placed among the foods, or does it belong to the list of drugs whose names are properly recorded in our *materia medica*? The magnitude of this inquiry can hardly be exaggerated. Indeed, it seems to the writer that the welfare of the race largely depends upon the answer. More potent for good than all the fervid oratory of the temperance agitator, than all the many pages of literature upon this theme that come pouring from the press, than all sermons from the pulpit, yes, far more potent would be the clear unmistakable voice of the medical profession, speaking in the name of science, stating as a plain unquestionable fact: "Alcohol is not a food, is not an innocent beverage for the human race, is not conducive to the health and well being of normal man; but, on the contrary, it belongs among the drugs and the active poisonous drugs at that, only safe in the hands of the careful, conscientious physician, and the sale of which should be under at least the same restrictions as other poisons." Who can estimate the good that would come to the individual man and to society at large from such a statement, bearing the stamp of scientific truth, and from a profession whose right to speak with authority all must recognize?

It is not my intention to give a temperance lecture, nor to deal in the emotional, but it does seem to me that of all men physicians should most clearly

* Read before the Ohio State Medical Society, May 10, 1900.

realize the evils that follow the indiscriminate sale and use of alcoholic drinks. The injurious effects of the drink habit are constantly brought to their notice. Not only do they see the poverty of the drunkard's abode, not entitled to be called a home, but also are called upon to relieve the troubles directly due to alcohol.

They understand as no others how materially are the life chances lessened in any conflict against disease, or the results of injury, in the chronic alcoholic, and they also see the destructive work of drink upon the moral and intellectual faculties, and appreciate in their fullness the awful facts of heredity. And we may add that physicians of all men are the innocent sufferers in a financial sense by reason of the sins in this direction of many of those that ask their services.

I will not take the time to quote statistics showing the evil effects of alcoholic beverages; the number of insane attributed to this cause, the number of criminals, etc. Dr. T. D. Crothers says, and I believe truly, that alcohol directly tends to cause moral degeneration, and especially in this direction are its effects hereditary. It is a well-understood fact that the opium-eater is always a liar, and may not the same be said of the alcoholic victim? Another fact is constantly brought to the attention of physicians—the close relation, as cause and effect, of the use of alcohol and venereal diseases. Bacchus and Venus are surely in a combine. No wonder that so many distinguished members of the medical profession have lifted up their voices and uttered warnings against the dangers of alcohol—Davis, Emmet, Thomas, Crothers, Richardson, and a host of others, known to you all.

Now, coming again to our question, is it not a fact that alcoholic is a drug and not a food? Recently there has been much comment in regard to the investigations of Professor Atwater, which are claimed to prove that alcohol, when ingested to a limited amount, is consumed in the body as fuel, serving as a force-producer, and so far entitled to be called a food. A review of the work of Atwater by Drs. Woodbury

and Egbert, in the *Journal of American Medical Association* of March 31, clearly shows that the investigations fall short of scientific accuracy, and are not at all convincing. But even admitting the facts claimed, they by no means prove that alcohol is justly entitled to be ranked as a food. Indeed, the investigations give nothing new; they are but old straw thrashed over. Though a limited quantity of alcohol can be burned as fuel in the body, and so, under certain conditions, prove useful in sustaining the physical forces, this fact does not warrant the assumption that it is a safe and proper substance to be habitually supplied to the system in a normal state.

If there are constantly evil effects accompanying its use, this fact will overshadow any food value it may possess. Many substances might be capable of consumption by the organism, and yet, by reason of dangerous consequences accompanying their use, be wholly unsafe and unsuitable as articles of diet. Because gunpowder is capable of combustion does not justify its being considered as fuel for a steam engine. Alcohol, of course, supplies nothing to repair tissue waste, and no one claims it a food in this sense.

The statement of Lawson Tait, "that the moderate use of alcohol is a necessity in our modern life," is certainly, I believe, contrary to the teachings of both science and experience. The fact that alcohol lessens oxidation and tissue waste, thus lowering the temperature, is surely no argument in favor of considering it a food. In a state of health such properties are not necessarily to be desired in a food substance, and may cause very injurious consequences. The fact that the habitual use of alcohol has a direct tendency to increase the connective tissue of almost all the vital organs, giving rise to subsequent contraction, atrophy and fatty degeneration of the parenchymatous structures—in other words, inducing cirrhosis—makes it one of the most insidiously dangerous agents in the list of drugs. In this it is far more potent for evil than opium. There is nothing to be said in excuse of the opium habit, but really there is

a question but what the orientals have made a wiser choice in smoking opium than the western races in their dram drinking. Certainly opium does not produce the physical degeneration nor so directly tend to shorten life as alcohol. My conclusion on this phase of my subject is that the place of alcohol is not among the foods, but that it belongs with the drugs, useful as a medicine, but injurious as a beverage in health, and that the medical profession owes it to itself and to humanity to speak plainly and emphatically, proclaiming this truth. It is the glory of the profession of medicine that it is not alone concerned with the cure of disease, but also its prevention; and more even than this, our work as physicians touches every point of man's development; it is ours to labor with honest zeal, to aid in the evolution of the highest type of manhood, and the most perfect state of social and national life. Medicine thus considered becomes the broadest and most worthy of human pursuits; its responsibilities greater than all others.

And now a few words only on the second division of my topic—the place of alcohol as a medicine. Frankly, it is my honest conviction that its field of usefulness is comparatively a narrow one. No drug has been more abused by careless, indiscriminate prescribing than alcohol. Familiarity has bred contempt of its dangers and exaggerated its powers for good. By many it has been looked upon as a very cure-all for all the ills that flesh is heir to. With it we have blown both hot and cold, giving it for chills and for fevers, in weakness, in strength, to stimulate and to depress. I am glad to know that physicians are becoming wiser in regard to its uses and abuses, and consequently that the prescribing of alcohol has greatly lessened, both at home and abroad.

Sydney Ringer classes alcohol with ether and chloroform, Bartholow with the cerebral sedatives, Carson with the arterial stimulants. Stillé calls it a diffusive stimulant, others a narcotic. No uniformity of opinion, you see, as to its proper classification exists. It has, of course, its own peculiar proper-

ties. Externally, by its rapid evaporation, it cools the surface, and is valuable in reducing temperature; and by its stimulating effect on the skin it acts as a rubefacient, lessening the danger of taking cold after bathing. By its hardening effect on the skin it is perhaps the best application to prevent the formation of bed-sores. It is also a very useful antiseptic. Internally in small doses it stimulates the gastric membrane and glands, and in certain conditions of feebleness becomes an important agent for increasing the appetite and aiding digestion. In convalescence from prostrating diseases it is often useful, but requires great discrimination in its administration to avoid the danger of forming the alcoholic habit. It acts in moderate doses as a cardiac stimulant, whipping up the heart, and at the same time, by its effect on the vaso-motor apparatus, dilates the arterioles, especially of the surface, thus both increasing the force and lessening the resistance of the blood-current. It lessens the waste of tissue and probably furnishes a certain amount of fuel to the life furnace. It stimulates the nerve centres, Potter says, in the inverse order of their development, first, the cells of the higher faculties, and finally those of respiration and circulation. In certain conditions it acts directly as a sleep-producer, especially if given hot. Its action as a stimulant is comparatively brief, and is liable to be followed by corresponding depression. Much depends upon the frequency and size of the dose. It should always be remembered that it has a special affinity for the brain tissues, which contraindicates its use in all meningeal congestions and inflammations.

Jacobi warns against its use in children when there are symptoms of brain involvement. As a pure cardiac stimulant and tonic, it is not equal to strychnia, atropia, sparteine and digitalis, nor to nitroglycerine as a vascular dilator. The indications for its use are found in the typhoid condition of fevers and pneumonia. Among chronic diseases it is especially useful in tuberculosis; indeed, there is often a remarkable tolerance in such cases. Large

quantities can be given often with advantage, and not unfrequently it manifests a curative power. Alcohol is of great utility in septic conditions, and acts as an antidote to the poison of reptiles and insects.

It is often difficult to determine when alcohol will prove beneficial. I remember treating, some years ago, two typhoid fever patients, one a young lady who had probably never tasted alcohol in her life. She had a low type of fever, and was greatly prostrated, with wandering delirium and subsultus. I gave her whisky for days, eight to twelve ounces per day, with great benefit, and she finally made a good recovery. The other patient was a young man who had led a very dissipated life, and had drank freely up to the time of his seizure. He also had a very severe attack, and the typhoid condition was well marked. One would naturally suppose in such a case, owing to former habits, alcohol would be absolutely necessary to tide over the danger of fatal collapse. Strange to say, in his delirium he imagined he had reformed and joined the Murphy movement, and no persuasion or force could induce or compel him to swallow any alcoholic drink, yet he also recovered. Unfortunately, however, his reformation was not permanent.

The limits of my paper will not allow further consideration of this interesting subject. Let me conclude by giving the rules of Armstrong, sanctioned by Graves, regarding the use of alcohol in fevers, which have the general indorsement of the profession.

1. If the tongue becomes more dry and baked, alcoholic stimulants generally do harm; if it become moist, they do good.

2. If the pulse become quicker, they do harm; if it become slower, they do good.

3. If the skin become hot and parched, they do harm; if it become more comfortably moist, they do good.

4. If the breathing become more hurried, they do harm; if it become more tranquil, they do good.

To these Ringer adds a fifth: Alcohol does good when it produces sleep and quells delirium.

ERRORS IN DIAGNOSIS.

BY GEORGE SPRAGUE, M.D.,
CHICAGO, ILL.

Errors of the kind referred to, while sometimes seeming, to a degree, unavoidable, especially in obscure complications, do, nevertheless, now and then occur where there seems to have been no room for excuse. We remember to have attended the graduating exercises of "Rush," at Central Musical Hall, some fourteen years ago, when the President, the late Dr. J. Adams Allen, in his address to the 175 candidates for graduation, interjected, at the proper place, with emphasis, this interrogatory: "*What's the matter?*" At once the entire class cheered and accompanied this with the usual hand-clapping, showing clearly that this, throughout their practice, was to be a *leading thought, the avenue to success*. It was made apparent through the vigor of the demonstration that the doctor had not failed in making himself understood as meaning that in his extensive practice as a consultant he had found the idea set forth in the heading of this article pointed to the stumbling-block too often found blocking the way to success.

CASE I.

While boarding at a hotel in a mountain region in a Southern State, I incidentally heard mention of the case of a lady, Mrs. B., aged sixty-three, who had, a year previously, been operated upon for cancer of the neck of the uterus, persistent hemorrhage having been present for a year or more. This loss of blood not having been overcome, it was stated that a second operation was to be performed. On a day agreed upon four medical men appeared, coming from one of the principal cities in the South, and a second effort was made to end the trouble.

The attending surgeon going abroad for three or four months, and the loss of blood continuing, the writer was asked to see the patient. After some hesitation consent was given. The husband, an excellent man, but without means, complained at having been

called upon to pay \$125.00 for the recent services, he having paid \$150.00 on the former occasion, with the agreement that the result should be a permanent "cure."

Upon visiting the patient she declined to have the speculum used, fearing aggravation of the hemorrhage; hence, without examination, I directed absolute quiet, hot douches by fountain syringe, followed by saturated solution of tannic acid, both to be used twice daily. There was no odor or history to warrant suspicion of cancer, and I very early became pretty well convinced I had a simple, benign, not a malignant case, notwithstanding one of the medical men who took a leading part in the treatment was to me known to be a competent microscopist (later publishing a concise, yet quite correct summary, mainly gleaned), having stated of this case that his microscopic examination showed cancer of the cervix; that a slide was sent to Paul Munde, who pronounced it an epithelioma in an early stage.

Three days of faithful use of hot douche and tannin solution entirely arrested the hemorrhage, and soon thereafter the patient submitted to an examination. This resulted in showing as perfect and healthy a cervix as was ever appended to any uterus, without reference to age of patient, but in the cul-de-sac there had been bleeding granulations. These were healing, giving off no blood, and at the end of another week the part, about the size of a twenty-five-cent piece in extent of surface, was healed over, covered by a bright pink epithelial membrane, entirely shutting off any chance of leakage, and none thereafter occurred.

Some members of the family found it difficult to reconcile their minds to the new position. One daughter, a widow lady of intelligence, refused to be comforted. So I said to her: "You have three young daughters, and I am arguing the case in their interest. I want you to instruct them (and you have two sisters similarly interested), in the event of being interrogated by medical men, forty or fifty years hence, as to evidence of cancerous taint in the family

line, to answer *no*. There was once a scare gotten up about grandma B., but it was proven to have no foundation."

I said to the family: "That you may, all of you, see the case clearly, I will prepare a statement, showing all that belongs to cancer and what belongs to the simple, benign trouble this woman has had; will bring it over, and with you all present will read it slowly, asking that you will call for an explanation on any evidence or symptoms of cancer known to have been present." The following was submitted, no claim being made that either symptom was present:

"Cancer—different varieties: (1) Nearly always transmitted; (2) pain through pelvis; (3) tenderness upon movement; (4) ulceration, followed by very offensive discharge; (5) the leucorrhea is always offensive, and excoriates the surfaces touched by the discharge; (6) discharge usually dark colored; (7) ulceration *prior* to hemorrhage; (8) always cancerous odor; (9) always characteristic pain; (10) loathing of food; (11) food ejected from stomach; (12) low fever; (13) pulse becomes more and more frequent, and weaker. Prognosis always unfavorable.

"Granular Degeneration of Parts.—Of frequent occurrence. Indications: (1) hemorrhage with leucorrhea; (2) pain in back and loins; (3) no fever, pulse holds its regular heat, weakening if hemorrhage becomes excessive and remains unchecked.

"Uterine Fungosities.—Hemorrhage sometimes excessive. May exist for years, and with reasonable care is not expected to take life. Never changes to cancer. Liable to be pains in back and loins. Prognosis always favorable."

I said to this patient: "You have been of a constipated habit for thirty years, excessively so for twenty years. You have habitually gone days with the lower bowel packed full of hardened fecal matter. Your husband is vigorous, and in having connection has bruised the delicate lining of that cul-de-sac times without number, and fungosities have sprung up. Now how does this accord with your own sensations during the past few years?"

"It accords exactly, and I think your explanation is correct."

CASE II.

Supposed Tumor.—Tarrying at a town recommended, accommodations were offered me in a very excellent family. There was a daughter at home, a young lady of culture, apparently of twenty-eight years or so, in bad health. She had held a leading position in an important ladies' seminary; had resigned two years prior, owing to failing health. When my mail began to be forwarded she discovered the manner in which it was addressed, and approached me regarding a tumor which the doctors in the city of ——— said she had in her right side. After retiring I made the necessary examination, stating that what had been supposed to be a tumor was merely a movable kidney; that she had chronic liver and stomach trouble, had become emaciated from those ailments wearing upon her. The adipose deposit which usually aids in holding the kidney in place had disappeared, leaving only a hinge formed by the blood-vessels as a support. She reported herself as engaged to be married, but had written her intended recently that she would not be able to consummate the arrangement under a year, if then. Yet the case was a very simple one, and easy to control, and in ten weeks the wedding occurred.

CASE III.

Supposed Heart Disease.—A lad of thirteen was brought to me on account of failing health of nearly a year's continuance. He had been under treatment for several months by a New York graduate for heart disease, and by others for various ailments, the full list I did not care to learn. That he was eating and drinking twice the amounts of food and water required by a full grown working man, and passed nightly a large chamber vessel nearly full, and during the day an equally free amount, was sufficient to know. I found the heart was merely disturbed through sympathetic action with the diabetic trouble.

Microscopical examination showed a

very free discharge of mucus from the bladder, but gave no evidence of any disorganization of the kidney. The boy is, at this writing, making manifest improvement. That three very pronounced and prominent symptoms, meaning one thing and nothing else, should not be taken cognizance of is beyond explaining.

Tendon-Sheath Inflammation.

Septic inflammation of the sheath of a tendon should be treated promptly with cold steel. The incision should be free and extend *down to* the sheath, but no farther until the field has been carefully inspected and the overlying connecting tissue separated with a sharp knife. Then, if the sheath is found to contain fluid, incise it freely. If not, place a gauze drain in contact with it, but not pressing greatly upon it, and fill the external incision lightly with gauze. Watch carefully for an extension on its proximal side of the tendon, and if it occurs, treat it as the primary point.—J. L. ANDREWS.

RESIDUAL inflammatory products may be aroused into fresh activity by influenza, as may be especially seen in the case of ischio-rectal abscess. — J. W. HOWARD.

URIC ACID AND HEADACHES.—A physician who has been experimenting to discover, if possible, a relation between headaches and the retention of uric acid, found experimentally, that he could produce a headache in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous and which in their burning up, produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which perhaps means that a headache is a sign of nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachy condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities, and can best be overcome by the timely administration of Laxative Antikamnia and Quinine Tablets.

Correspondence.

DEATH FROM TUBERCULIN.

GALENSVILLE, O., May 25, 1900.

Editor LANCET-CLINIC:

The New York papers chronicle, in their usual sensational manner, the death of Dr. Edwin M. Heath, of Winstead, Connecticut, from an accidental injection of tuberculin. Dr. Heath, it appears, was a noted veterinarian of New England, employed by the State of Connecticut for eight years past to test herds of cattle for tuberculosis. Dr. Heath, while injecting a calf some months since, dropped the syringe, and the needle, pricking his leg near the knee, produced blood poisoning, claimed now to be tuberculosis. A few days after this accident fever developed and an abscess formed. He died in great agony after several months of suffering; he was delirious at times, and we are told had symptoms of horse distemper along with those of consumption.

The claim that this serum cures or renders one immune is strongly negatived by this case. Dr. Schradly and other much-interviewed newspaper scientists are now giving learned disquisitions on the whys and wherefores for the benefit of an over-credulous and curious public.

New England is the hot-bed of consumption. It was Oliver Wendell Holmes, we believe, who once stated that every other man met with in Boston had either catarrh or lung trouble.

Dr. Schradly tells the public that tuberculin is chiefly used as a means of diagnosis, and that very few physicians attach any importance to the alleged medical agency, though it is derived from the same principle as is antitoxin, a former vaunted specific for diphtheria, now rapidly falling into disuse.

Few readers of New York papers will fail to recall the outbreak of tetanus occurring in New York after the last Fourth of July consumption of explosives, and the absolute failure at that time of the antitetanic serum that was once so loudly proclaimed as a panacea.

States that can afford to ruin their herds of cattle by blood poisoning experiments are, happily, few and far between. Since we are told that neither milk nor meat from tubercular cattle produce the disease in the human being, the use of such experimentation may be doubted. The farming element has suffered severe losses from the cry of bacillus-laden milk, butter, cheese and meat; when they send representatives to State legislatures to keep up enactments for the benefit of bacteriological public laboratories they must reap the bitter fruit of their own stupidity.

In a practice extending over thirty-five years we cannot recall a single instance in which there seemed to be the slightest element of contagion in consumption. We have known numerous cases that have recovered, and alas! too many who have passed away, resisting all remedial agents—persons where money, with the enjoyment of all luxuries, including changes of climate, could not save. True, money often tends to prolong the lives of such patients, but in the end the result, in the great majority of instances, was the same sad one. With all this claim of the contagion of consumption, a very large reward might be offered for a single case where the disease could be proven, on judicial lines, to have been contracted by what is ordinarily known as contagion. People living under the best sanitary conditions, with all the comforts of life, have seemed as liable to the malady as those who lived in the most unsanitary conditions. It is useless to dismiss the question of heredity with a mere wave of the hand. The disease, in certain families, comes down and is perpetuated, generation after generation. Many wealthy families have known this, and have endeavored by every means that wealth could furnish to drive away the gaunt specter of death, that has ever followed them.

There is something in consumption and insanity that has so far defied medical science, and laughs bacteriological science to scorn. If these disease germs are admitted, they, too, fulfilling every

law of nature, must have diseases, and so *ad infinitum*.

It is to be regretted that men like Dr. Heath die in making such useless, and, there is great reason to fear, harmful experiments. If Dr. Heath's family history is traced back far enough the consumptive taint will be found; the consecutive blood poisoning only developed what had been latent before. The symptoms of horse distemper observed in the case as a complication, were, of course, due to a horse disease transmitted to a human subject through an intensive virus; the same kind of views might be held of any of the so-called serums derived from horse serum manufactories.

It is no wonder that a large, influential and very conservative class in every community has now developed an antipathy against vaccination in any form. We believe that the old arm-to-arm vaccinations should take the place of the more modern methods, *i.e.*, the use of bovine virus. In a number of cases where the latter has been used we have seen the most dangerous effects produced; this may have been the fault of badly-prepared virus, but twenty years ago such results were never noticed. The whole question of vaccination needs a careful revision at the hands of painstaking general practitioners. The man of the laboratory may prepare the virus, but it is the general practitioner who must use it and is blamed if harmful results follow. The commercialization of medicine has not increased the efficacy of many of the best remedial agents; on the contrary, products have been cheapened, to the injury of those to whom medical fashion has doomed the usage.

Such statements may be deemed heterodox, and awaken the anger of those who claim to be ever progressive, but an over-confident optimism is best often tempered by a little pessimism—that is, when the patient is to be considered.

The drug shelves of the pharmacist are cumbered with the specifics of a few decades past. Every new remedy produces a hundred loud advocates, who enjoy the petty notoriety of being

first to use and report miracles wrought by the marvellous specific. Probably no modern remedy of this stamp will ever last as long as the theriaca of Mithridates. We notice that it is still used in the French Codex as a horse medicine. Its name was derived, too, from a venomous animal. There are no deadlier venoms than some of these horse serums. Let those use them who may on themselves, not on patients. After all, one's patients have some rights, at least the right to object to being made the subjects of experimentation with new and unknown remedies. If the use of calomel and tartrated antimony once caused a wide breach in the medical ranks, the new serotherapy is apt to make even a greater disturbance.

TIMOTHY TABBS, M.D.

China a Field for Women Physicians.

At the graduating exercises of the Woman's Medical College of Pennsylvania, the Chinese Minister, Wu Ting Fang, delivered an address to the graduates in which he advised them to seek their fortunes in China. In that country, he said, there are about two hundred million women, but the number of woman physicians is very small. Midwives there are; but few or no women with medical knowledge and training, and the speaker said he was sure women doctors would receive a welcome and good treatment in China. Twenty-six women received diplomas.—*N. Y. Med. Record*.

THE curettement of the uterus is by far a more dangerous operation than that of abdominal section, and I think the consensus of opinion of gentlemen who have had a large hospital experience, will be that more women are crippled for life by the use of the curette, either dull or sharp, in the hands of an incompetent general practitioner or a gynecologist in embryo, than any other one procedure in surgery. I have, myself, removed not less than thirteen uteri, subsequent to incompetent curettement.—B. SHERWOOD-DUNN.

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J. C. CULBERTSON, M.D.,
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CINCINNATI, JUNE 2, 1900.

Editorial.

RESEARCH CENTRES.

Prior to the publication of the great work on diseases of the Mississippi Valley, by Dr. Daniel Drake, in 1850 and 1854, there had been little or no real research work done in medicine in America. The two volumes published by this author in those years were the pioneers. Everything prior to that period was empirical. European schools and literature were sought by the ambitious men who were entering the medical profession. In 1850 there were less than ten medical journals published in the United States, and some of these were not well supported. Few men were willing to trust themselves as reporters of what they saw clinically or intuitively knew. The London *Lancet* reprint had in America a long list of subscribers, and was generally looked to for selections by all American medical journals of that period. Many English books were imported. On the other side it was a frequent comment that there were few or none ready to spend their time in reading American

books, and quotations from American medical journals were almost never made by foreign journalists. Even the great work by Dr. Daniel Drake was financially an unprofitable venture. However, he drove the wedge that opened the way. Others gave to it stroke after stroke, until the aperture widened, and in this year of our Lord 1900 current medical literature is almost at flood height, and nearly all European medical journals abstract largely from their American contemporaries. The literary pendulum, in its freedom of swing, has carried with it the book trade, and opened up numerous avenues for a transmission of research intelligence.

The programme of the American Medical Association issued for the meeting next week is wonderfully rich in subjects, and the men who stand in the front to represent the themes there named are the typical representatives of as good work and as careful thought as may be found in any land.

Science is cosmopolitan, and knows no geographical boundary lines. This was scarcely true a half-century ago, but the delving, industrious American, with his mixed ancestral blood, thinks and works in the methods of more than one nationality. His resourcefulness is the marvel of the age. The medical profession of the world is benefited by him, and the treasures of the great ensuing meeting will be garnered for an edification of all mankind.

In half a century the work has so widened as to require great subdivisions of labor. Prior to that period, and for some time after, the general practitioner was the man-of-all-work. He was oculist and aurist, obstetrician and gynecologist, surgeon and master of internal medicine. His realm knew no professional boundary lines. The writer re-

members hearing the eminent Dr. E. Williams called a quack because he made ophthalmology a specialty, and it required the active aid of strong personal friends to hold him in reputable professional standing.

The work of Dr. Daniel Drake was the forerunner of all special subdivisions in medicine, because of its research character. In this he displayed his great leadership qualifications. It was a new departure, and special studies of the functions of every organ in the body of man was begun. Empirical observations and practice were succeeded by pathological investigations, and a science was developed. Superstitions and speculations gave way to positive demonstrations. Even the old consultant finds his place taken by the "ologist" of tender years.

The present programme of the American Medical Association has in it both old and new names. The accretion of the new crowds to the front with the most recent of observations. The lines of progress are forging ahead, and the pace is rapid. Two, four or five months' courses of lectures are insignificant in the educational account. Instead, four long years of college time is imperiously demanded, with a State examination at the end.

In face of this, a prediction is made that in the near future young men will cease to matriculate as general students of medicine, and will enter the course for special or elective studies alone, and there is now no good reason why they should not. Life is short and art is long. There will be those who will seek a career in laboratory labor alone, and will not enter upon clinic or bedside practice. Laboratories will be divided and subdivided. To a similar end will the treatment of diseases be divided. This may not meet with a general

approval, but, nevertheless, it will come about. The same principle is involved that caused Dr. E. Williams to say his practice would be limited to a treatment of diseases of the eye. Then it was one against thousands; he met the issue and came off conqueror. The time has come—it is here—when no man can say he has learned all of medicine. The field is too great. Four years of student life is not equal to its attainment.

Among the new subdivisions will soon be seen the medical pedagogue, the man who will devote his entire time to teaching, and he will not teach every department or branch of medicine, any more than the professor of Greek or Latin in an academic school does mathematics. Upon some such basis the medical colleges of the present will by degrees merge themselves into the future medical department of a university.

The State laws recently enacted requiring examinations of all comers, and establishment of reciprocity relations between the States having such laws, forecast a future that is pregnant with hope of even better conditions than are now present.

"Watchman, what of the night?"

INTERNES' BANQUET.

No more harmonious gathering of medical men ever took place in this city than at the annual banquet of the Society of Ex-Internes of the Cincinnati Hospital, Saturday evening, May 19, at the Phoenix Club. Why "ex-internes," the writer has never been able to discover, for on this one night of all the year we are just as much internes again as if we still "jollied the staff," flirted with the nurses, and jauntily sported a white cravat and blue cap, as in the days of long ago. Surely,

we all owe a debt of gratitude to our genial President, Dr. C. R. Holmes, to whose efforts the re-establishment of our society is entirely due, and to whom, with the aid of his efficient entertainment committee, we are indebted for the most successful of our annual banquets. About one hundred of the old and young guard gathered around the little round tables, the committee seating the men of consecutive years together; but you would have thought you were at the opera, to see the visiting between the different boxes. The histories were a sin and a shame, and Sam Holland, good old "Ambulance Sam," would have been astonished had he seen the size of his "service." What a stare the dear public would have given could they have heard their beloved, dignified physicians' little oddities, fads and failings taken off in that notorious yellow journal, under the able but invective editorship of Dr. D. I. Wolfstein, the "Bier Zeitung." That they were all fully appreciated the howls of joy as each new victim was whipped into the arena fully testified. The "specialists" of the interne horde did not escape the general massacre, and the victims themselves laughed as heartily as the rest at "Sammy" Allen's vivid and truthful description of "A Layman's Visit to the Groton Building in Search of a Physician." It was Sunday morning when the meeting finally adjourned.

The election of officers resulted as follows: Dr. Robert Stewart, President; Dr. M. D. Brady, Vice-President; Dr. J. C. Oliver, Treasurer; Dr. Albert Freiberg, Secretary. A graceful tribute of the President was to suggest the name of Dr. John Moffett, class of 1849, the oldest surviving interne, as honorary presiding officer, and the election was made by acclamation.

EDITORIAL NOTES.

THE SECTION ON MATERIA MEDICA OF THE AMERICAN MEDICAL ASSOCIATION.—The troubles of the American Medical Association are perennial. For years the annual quarrel surged around the permanent secretary, and now, no sooner has the permanent secretary been unseated and removed from the scene of conflict, than clouds gather round the Section on Materia Medica. The American drug manufacturers are alarmed by a report that the section is to be captured by members of the American Medical Association who are on the side of German chemical houses, and who will turn the work of the section into an advertising bureau for foreign drugs. The medical press is urged to raise its voice to thwart this nefarious scheme. But surely this alarm must be without foundation in fact. The American firms seem to have forgotten that every member of the American Medical Association is an avowed upholder of the code of ethics, and no one whose life is regulated by this moral law could descend so far as to bamboozle his fellows in this unprincipled manner.—*N. Y. Med. Record.*

The above indicates that some one is afflicted with a nightmare in which there appeared a boggy man, wearing horns, cloven hoofs and sporting a tail. There will be no taking possession of the Section on Materia Medica by either German or American houses. The members of the section will tolerate no factional innovations of any kind or sort, but will devote their time to a scientific study of the tools in common use by physicians and surgeons. A careful perusal of the programme of the Section on Materia Medica shows it to be one of the most carefully arranged that ever was printed. The subjects are exceptionally pertinent, an honor and credit to the section officers engaged in its preparation. The men who are down to take part in the pro-

ceedings, read papers and discuss are among the best and most favorably known for their good work in the entire medical profession. Bosh!

It is said that the negro enjoys a singular immunity from catarrhal inflammation, but is prone to tuberculosis and syphilis.—*Med. Summary.*

PUBLISHER'S NOTICES.

THERE has come to our editorial table a "Hand-book of Materia Medica and Therapeutics," containing sixty-four pages, in which the therapy and dose of every well-known drug in the American Materia Medica is given in a short, incisive and practical form, and so convenient that no physician should be without a copy. This pamphlet is issued by the Wm. S. Merrell Chemical Company, of Cincinnati, and, though published for sale, will be cheerfully mailed to any physician in active practice who will address the home office of the company at Cincinnati, or at any one of their branches in New York City, New Orleans or San Francisco.

SANMETTO IN ENURESIS-NOCTURNA.—Dr. L. L. Gray, St. John, Mo., reports the outlines of a case of enuresis-nocturna, treated with Sanmetto, several years ago. The case was that of a maid, thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effects—acted as though she thought every one she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company, and strangers would ask if she was entirely sane. He gave her a bottle of Sanmetto, told her mother to give her all assurance that it would cure her, if properly taken. A second four-ounce prescription verified the truth of his statement. He says it did cure her for all time, and to-day she is a perfectly formed young lady, intelligent and sociable, the downcast countenance gone, and life is again worth living.

GNORRHEA, GLEET AND LEUCORRHEA.—Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The WHITE is preferable—leaving no stain on the clothing.—J. R. WILCOX, M.D., Colorado Springs, Colorado.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Amputation and Longevity.

A prominent manufacturer of artificial limbs says (*Popular Science News*): "By looking over books which comprise the history of many thousand cripples, we arrive at the conclusion that dismembering plays no part whatever in shortening life. Our records date back to 1853, and it is an astonishing fact that, of the entire number of our patrons, less than 25 per cent. have died, and most of those from old age or accident; and in no case can we learn of a death that can be directly ascribed to the loss of a limb. As we investigate this subject more thoroughly we are persuaded that amputations enhance vitality, render it not only probable, but positive, that on account of amputations the lives of the subjects will be prolonged and free from disease." No record can be found of a cripple becoming insane, and but very few cases where they have committed suicide. The mental as well as the vital forces appear to become strengthened by the dismemberment.

It is a noticeable fact that persons who lose their legs become very powerful in their arms, large in chest, and great in girth, and persons who lose their arms become powerful in their legs and large in girth. The loss of parts of the body conduces to health, life, and development. Dare, Melrose, Conway, Leland, and Fitzpatrick, one-legged acrobats whose muscular developments are the envy of the world, have never been surpassed by athletes with natural limbs.

A reasonable explanation may be found in the hypothesis that the removal of a part of the body lessens the demand on the vital forces, and permits the supplying reservoirs to contribute more abundantly to the remaining members.

If it overtaxes the heart to force the blood through all the avenues of the body, will not its labors be lessened if a few of those avenues are forever re-

moved? And will not the remaining avenues receive a larger proportion of the life-giving essences? If the nervous system is overburdened, will not the tax be lessened if a part of the nerve organization be removed? If a tree is permitted to grow, it will sap itself by the many choking branches that come from its trunk. The cutting off of these branches and the trimming up of the limbs always give new vigor to the tree. It will grow larger, stronger, and will live longer. A cripple is neither a cynic nor a pessimist. His misfortune has driven from him whatever there may have been of the misanthropic. His health is always good, and he is therefore happier and more contented than the dyspeptic or rheumatic. Nature, with her usual generosity, compensates for every misfortune. Those who seem the most afflicted are often happiest; their minds have been prepared to endure misfortune.—*Med. Age.*

Improvements in the Technique of Resection and Amputation of the Rectum.

Hr. Rehn, Frankfort, at the Surgical Congress, gave an address on this subject. Our aim, he said, was to make advances, either in early diagnosis or in improvements in technique. The first was difficult, often impossible, as a number of cases of cancer of the rectum ran on a long time without presenting symptoms. Kraske had done good service in introducing the sacral method, but it had been carried too far and the backward swing soon followed. The method demanded its victim, the sphincter was sacrificed, and various modifications were attempted. The improvements were in the direction of retaining the coccyx, and osteoplastic resection was performed. The influence of the new procedure on the final result was unimportant, and in many cases disadvantages followed.

On the whole, we have made distinct advances, but they were of no great importance. The sacral method was a dangerous operation, that, indeed, afforded a free field of operation. But it necessitated a serious wound, that was

difficult to treat afterwards, and the retention of the sphincter was often useless. Recently the attempt had been made to attack the carcinoma from below, and the vaginal operation had been introduced.

The speaker then passed on to the anatomical relation as given by Waldeyer. He described and demonstrated by diagrams the ramification of the lymph-vessels, and the anatomical relation of the sphincter region. The various sphincters formed a muscular closing apparatus working in common, which was surrounded by fascia. The upper border corresponded to the attachment of the peritoneum. By lateral attachment to the hypogastric vessels a pre-rectal and a retro-rectal space were formed. The lymph-vessels were always placed laterally.

The conclusions of the paper were as follows: Extirpation of the diseased rectum from the sacrum was not to be recommended. A method was to be preferred that afforded free opening and high extirpation, with sparing of the fascia, easy arrest of hemorrhage, good muscular closure, and the utmost possible avoidance of infection. Carcinomata, therefore, that had grown beyond the fascia should not be operated on. The best method in the male was the perineal. The incision was essentially that of Dieffenbach's operation. When no attachments were present the space should be opened up anteriorly. This part should then be tamponaded and the posterior space opened up. As much as possible of the intestine above the carcinoma should be removed; after extirpation the central end should be drawn down and made fast. The after-treatment was much simpler than after the sacral method, and exit for secretions from the wound was easy. In one case he had removed 21 cm. of bowel by this method, and the result was very favorable.

The operation was somewhat easier in women. Here simple incision of the vagina gave a good view of the field of operation. He had operated in thirteen cases with only one death, and in this the outflow of secretion was good. Movable tumors were readily removed,

but if the glands were affected they must be reached from the abdomen. Regarding this combined operation, however, we had not much experience.

This method best assured the maintenance of normal conditions. He had seen gangrene of intestine as the result of insufficient nutrition from too much dragging down of the bowel.—*Berlin Cor. Med. Press and Circular.*

A New Method of Treatment in Diffuse Peritonitis.

Dr. Fr. Bode, of Frankfort (*Centralblatt f. Chirurgie*, No. 2, 1900), has had good results from the following treatment of suppurative peritonitis and thinks that the method ought to be more widely known. He intends publishing later a more detailed account. The patient is placed with the pelvis raised, the abdomen being opened in the middle line and under gentle washing with sterilized salt solution from a quart porcelain jug, the intestines are turned out of the abdomen. The individual loops of intestine are wrapped in compresses wet with hot sterilized salt solution, and to prevent cooling from evaporation the compresses are from time to time moistened with fresh salt solution. The author says that he has not seen collapse occur as a result of this eventration, but that the pulse has often improved from lowering of the intra-abdominal pressure and removal of toxic substances. Any perforation of the intestine is easily found and the abdominal cavity is systematically washed out with warm sterilized salt solution, special attention being paid to the upper surface of the liver, the neighborhood of the spleen and to the lesser pelvis. Any exudation in the deep parts of the abdomen is wiped away with compresses dipped in salt solution, the exudation over the coils of intestine is wiped away in the same manner, any rough manipulation being carefully avoided. The intestines are then returned to the abdomen, the application of the salt solution often having led to peristaltic movements and emptying of the bowel. A loop of bowel belonging to the middle of

the abdomen is then seized and its mesentery put on the stretch; a place free from blood vessels is then found in the mesentery and a slit is made in it large enough to take a fair-sized drainage-tube. A long perforated drainage-tube is then passed through the slit and the loop of bowel allowed to slip back into the abdomen. The two ends of this drainage-tube are brought out by two fresh incisions on the right and left sides of the abdomen, immediately over the colon on each side. Another tube is passed deep into the pelvis through the median incision, and if needed others may be passed in the neighborhood of the liver, stomach and spleen. The abdominal incision is sewn up and salt solution introduced while sewing it up, to drive out the air, and to see if the long drainage-tube going across the abdomen is patent. The patient is placed in bed with the upper part of the body raised so as to facilitate the flow of any secretion downwards into the pelvis. The abdomen is washed out two or three times a day through the tubes with salt solution, which removes any secretion there may be. In three or four days the severe symptoms have disappeared, and the large drainage-tube can be removed and the small drainage-tubes put in on each side, and later a small tampon. The author has found that in the dead body the whole abdomen can be washed out in this manner from the drainage-tube.—*Quarterly Med. Journal.*

The Medical School of the Future.

The medical school of the future, according to H. P. Bowditch (*Philadelphia Med. Journal*, May 5, 1900), which expects to take first rank will be organized and administered somewhat as follows:

1. It will be connected with a university, but will be so far independent of university control that the faculty will practically decide all questions relating to methods of instruction and the personnel of the teaching body.

2. It will offer advanced instruction in every department of medicine, and will therefore necessarily adopt an elec-

tive system of some sort, since the amount of instruction provided will be far more than any one student can follow.

3. The laboratory method of instruction will be greatly extended, and students will be trained to get their knowledge, as far as possible, by the direct study of nature, but the didactic lecture, though reduced in importance, will not be displaced from its position as an educational agency.

4. The work of the students will probably be so arranged that their attention will be concentrated upon one principal subject at a time, and these subjects will follow each other in a natural order.

5. Examinations will be so conducted as to afford a test both of the faithfulness with which a student performs his daily work and of his permanent acquisition of medical knowledge fitting him to practice his profession.—*Med. Age.*

Surgical Intervention in Cholelithiasis.

Having regard to the frequency with which gall-stones occur, more especially in females, there are few surgical problems of deeper interest to the practitioner than the question of operative intervention in these cases. Excluding acute suppuration of the gall-bladder and persistent jaundice due to complete blocking of the common bile duct by a calculus, both of which conditions demand prompt surgical aid, two classes of cases remain for consideration. One is represented by repeated attacks of biliary colic with transient jaundice, due in the majority of cases to a stone in the common bile duct, which from time to time by a ball-valve action temporarily blocks the lower end of the duct. The other class comprises cases of distended gall-bladder of a chronic nature, with or without discomfort and disturbance of the general health. Of these, the first class is much the more numerous, and in weighing the *pros* and *cons* of an operation for its relief, the following considerations should be borne in mind: (1) That there is rarely any extreme urgency in these cases, and that therefore they may, without much

risk, be observed for some time and have the benefit of medical treatment before submitting to an operation; (2) that the most important factor in deciding for or against an operation is the absence or presence of gall-stones in the feces. Should these appear after each attack of biliary colic we should wait, in the not unreasonable hope that eventually all will escape into the duodenum. If, on the other hand, a careful examination of the feces after repeated attacks fails to discover their presence, we have presumptive evidence that the offending calculus is too large to pass the somewhat narrow ending of the common bile duct, and operative interference is indicated.

Chronic distention of the gall-bladder is rarely seen under the age of forty years, but after fifty is by no means uncommon. The gall-bladder usually contains gall-stones embedded in viscid mucus, and the mucous membrane is from time to time liable to attacks of inflammation; but as these attacks, even when purulent, usually subside, the cystic duct is rarely completely obstructed. A distended gall-bladder with persistent jaundice in elderly people is highly suggestive of cancer, and confirmatory evidence is usually found in rapid emaciation and the presence of hard nodules along the free margin of the liver. The question of operation in these cases is rarely a difficult one to decide. Apart from the fact that calculi in the gall-bladder are conducive to cancer, there can be no doubt that chronic empyema of the gall-bladder is a serious menace to the patient's life, and as there is little, if any, prospect of a natural cure resulting except by the highly dangerous process of ulceration, unless there are grave reasons against an operation, such as advanced age, or serious organic disease, the gall-bladder should be opened and cleared of its contents. In these cases cholecystotomy is exceptionally easy, and if the patient's general condition is good it has scarcely a mortality of its own. In doubtful cases of persistent jaundice, the patient should have the benefit of the doubt and submit to an exploratory incision. Should the case turn out to

be cancer little harm is done, as the diagnosis of cancer can be made by palpation through the undivided peritoneum after the abdominal muscles are divided.—*Quarterly Med. Journal*

Operations on the Rectum for Cancer.

Hr. Hochenegg reported at the Surgical Congress 120 operations performed by himself. He differed from the other surgeons in believing that the sacral method was better than the other, and that it was neither more difficult nor more dangerous. He therefore looked upon it as the normal operation. Only when the carcinoma was situated in the lowest part of the rectum was the perineal operation suitable. In thirteen years he had performed the operation 121 times with only ten deaths. The advantages of the method consisted in exact performance of the resection, in good arrest of hemorrhage, and favorable conditions for drainage afterwards. He had not selected his cases, and the only contraindication was excessive infiltration in the pelvis. He could look back upon thirteen permanent successes. In case of ileus, colostomy was first performed, and the sacral operation three weeks later. He had stuck to the old method of operating, but the coccyx was always removed. This, however, was freed extrafascially, and made as movable as possible for freeing it from intestine. It was essential to retain the anal portion if sound; if otherwise, it was removed. In the first case the intestine was drawn through the anal portion in order to prevent the escape of feces in the abdominal cavity. The bowel must, however, be fixed without any tension. The greater part of the posterior wound remains open, for the purpose of facilitating drainage. On the fourth day, if necessary, castor oil was given.

As regarded results, circular sutures gave excellent results, but not always. In four cases there was relative incontinence, *i.e.*, inability to retain liquid motions. In some cases the suture did not hold, and a fistula formed; this had to be closed later by a plastic operation.

In case of recurrence he never did a second operation; no good results followed. Of the fatal cases since 1887, four had died from sepsis, two from hemorrhage, four from accidental causes (influenza, cerebral embolism, etc.). Subtracting these four cases, the mortality was six cases, or 5 per cent.—*Berlin Cor. Med. Press and Circular*.

Acute Pneumonic Form of Tuberculosis.

A. W. Elting (*American Journal Med. Sciences*, May, 1900) enumerates the following as the main clinical features of this disease:

1. Onset, very often without a definite chill, though a definite chill may occur.
2. Fever, often of an elevated, regular character, but very frequently of an irregular or remittent character, and practically always of a remittent character in the later stages.
3. Absence, usually, of marked dyspnea and cyanosis.
4. Physical signs which indicate consolidation of a part of a lobe, a whole lobe, or more than one lobe.
5. Pain in the side, with cough and a sputum which is at first typically pneumonic, rusty and glairy, but which at the end of a week or ten days may assume a greenish tinge and will be found to contain tubercle bacilli. In the case reported tubercle bacilli were found seven days after the onset.
6. Absence, in some cases at least, of the leucocytosis usually associated with acute lobar pneumonia.—*Med. Age*.

If indiscriminate operating is often responsible for the sacrifice of healthy organs, reluctance to operate also has a heavy responsibility to bear in the shape of the invalidism which it fosters. There is no question of unsexing a woman who is already unsexed by disease. The only question is, whether her sufferings shall be ended by the removal of their cause. The conservatism which saves organs rather than health, is not a true conservatism.—J. B. WHEELER.

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Original Articles.

THE MEDICAL TREATMENT OF GALL-STONES.*

BY EDWARD S. STEVENS, M.D.,
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If there is one thing more than another which should be cultivated by the physician and surgeon in caring for the afflicted, it is conservatism. Conservatism in its best sense in practice; but particularly conservatism in thought and speech. How many lives have been lost by the reckless and extravagant statements of men whose positions gained for them the attentive ear of the profession will never be known.

Many years ago a well-known physician published an account of experiences with the use of certain natural mineral waters in the cure of gall-stones. He furnished illustrations of stones which showed commencing erosion as though from the use of the remedies employed. He was not alone in his belief in the efficacy of this plan of treatment, and his followers, the blind willing to be led by the blind, are with us to-day. Yet have we not all of us seen specimens of gall-stones apparently eroded which were taken from persons who had made use of no remedies?

The purpose of this paper, therefore, is rather to define our limitations in the use of medicines for the treatment of gall-stones, than to make a fresh declaration of the possibility of removing these foreign bodies by the use of drugs.

Let me preface my remarks with the following expressions of my belief re-

garding the diagnosis and treatment of gall-stones:

1. I believe that it is frequently difficult, and often impossible, to make a positive diagnosis of gall-stones.

2. I believe that there is no known medicine by means of which a solution of gall-stones can be effected by any of the ordinary means of administration.

3. I believe that the introduction of a cannula into the gall-bladder for the purpose of sounding for stones, introducing solvent remedies, or withdrawing fluids, is dangerous when compared with the amount of good likely to be obtained, and should not be practiced.

4. I believe that the practice of attempting to empty the gall-bladder by massage is dangerous, and should not be practiced.

5. Finally, I believe that there is but one safe and radical cure for gall-stones, and that is by cholecystotomy or some similar surgical operation.

Yet with all this there is what may be called properly a medical treatment of gall-stones. This treatment may accomplish one of two objects. It may give relief to the intense pain of gall-stone colic, or it may give relief to certain symptoms which are present in many of these cases between the paroxysms. Moreover, it gives to the attendant a hold upon the sufferer, so that when the time comes when his sufferings become unbearable, or the danger of his condition dawns upon him, and he is willing to submit to operative treatment, he will be in the hands of one who will neither temporize nor experiment. For as long as there are men who insist that they can dissolve gall-stones there will be people who will insist upon being cured by medicines. There is, too, a certain class of people who are sure they will die if

* Read before the Ohio State Medical Society, at Columbus, May 10, 1900.

they submit to a surgical operation, and who, therefore, insist upon having something else tried first. It is not right to neglect such persons, even if they decline what is offered them as the best treatment. Let them have the second best treatment if they will take it at their own risk.

What, then, can be done? In many cases much can be done.

I will not be so elementary as to dwell upon the fact that the intense pain, the spasm, and the reflex disturbances consequent upon an acute attack of what has been improperly called a "colic," may be relieved by full doses of morphine—hypodermatically by preference—but will call attention to a practice which recent experience has impressed upon my mind. It is not uncommon to resort to local applications—hot water, iodine, and stimulating liniments. To apply them is certainly "doing something," but when we consider what is going on within may we not fairly raise the question as to whether or not there is any use in them? At any rate, if such applications are made hot water is as good, and more harmless, than anything else. If the pain is very severe a great amount of heat can be borne. The attendant is therefore to be cautioned against burning the skin, and this not only because such intense heat does no good, but also because the presence of a blister or a dermatitis might be embarrassing should a sudden necessity arise for opening the peritoneal cavity.

Between the spasmodic attacks what shall the treatment be? There may be pain in the right hypochondrium, but beware of opiates. They will but make the patient worse if they have any effect at all. Rest and moderate heat will give some relief. But it is just here that the so-called solvent remedies come into play.

Much of the distress and much of the danger from gall-stones are due to cholecystitis. Constipation is common, while flatulence and other evidences of intestinal sepsis are almost constantly present. The relief of these conditions furnishes the principal indications to be met, and there are two lines of treat-

ment which may be followed to meet them. Sometimes, but rarely, antiseptic preparations by the mouth are sufficient to do all that is required, but generally the other line of treatment answers every purpose, and is found in the administration of laxative medicines, and this not only for the relief of the constipation which may or may not be present, but more for the effect which such remedies have upon an engorged portal system. The relief that this treatment affords is often so marked that the sufferer may be made to believe that he is cured, while many a physician has permitted himself to be deluded with the idea that he has done a great thing.

The natural mineral waters which are recommended for this disease are for the most part aperient. The other drugs are chiefly salines having a cathartic action, and the oils—formerly castor oil, and later olive oil. Although relief follows the use of these medicines, it is not because they act as solvents, nor is it because they assist in expelling calculi from the gall-bladder. But they lessen congestion, they diminish the intensity of inflammation, and they cause the expulsion of septic products from the intestines. They, therefore, form a proper medical treatment of this condition, a condition which may always be considered as grave.

But aside from some symptomatic treatment which may be necessary, this is the end. Numerous cures have been found, it has been said, but the condition is one which we do not cure—not by means of drugs. He who ventures to treat a case of this kind should be honest enough with himself, with his profession, and with the patient who trusts him, to realize this for himself, and explain it to his patient. If simple relief is wanted it may be furnished by non-surgical treatment; if a cure, the surgeon's operating-room must be sought.

A RELIABLE sign in pulmonary tuberculosis is increased whispering resonance long before it may otherwise be determined by the stethoscope or percussion.—*Med. Summary.*

EYE STRAIN.*

BY LOUIS STRICKER, M.D.,
CINCINNATI.

The ocular apparatus may be likened to a most exquisitely adjusted torsion balance. Though Nature strives to equip us with perfect organs, unfortunately this is not always realized in its greatest perfection. This complex and wonderful adjustment is dependent on three factors—perfect anatomical construction of the eyeballs; perfect equilibrium of its muscular apparatus, intrinsic and extrinsic; and lastly, and extremely important, a most delicate and sensitive nervous innervation, both direct and reflex.

Each eye should receive and have mirrored on the retina, perfect, not distorted, images—neither too long nor too broad. Strictly speaking, images beyond infinity should be perfectly mirrored on the retina, the eye being in a state of rest. When this is not the case, the eye deviates from the normal, the image is indistinct or blurred, and at once an inherent desire impels us to unconsciously attempt to correct this error, which, by means of the ciliary muscle, we are enabled to do if the eye is far-sighted; whereas, experience soon teaches the near-sighted individual that his attempts are useless, and he only makes matters worse. This also explains why the far-sighted suffer more with headaches than the near-sighted. The greater the deviation from the normal, the more blurred will be the image, and the greater will be the amount of force requisite to properly adjust the ciliary muscle, and thus insure a proper focusing power of the lens. It is the exercise of this muscular force and its consequent effect on the nervous innervation which has become popularly known as one of the principal causes of eye strain. In looking at objects within the range of one meter, for each successive shortening of this distance the muscle of accommodation is progressively brought into greater play.

In a normal eye this can comfortably

be accomplished up to the fortieth year, but where a certain amount of force is requisite to see in the distance, in looking at near objects necessarily the force for distance, plus the usual force employed in seeing close by, is used in looking at near objects; hence, the eye must be relieved of this extra strain before that time of life is reached.

Where this deviation from the normal is a simple condition, it is often borne for a long time, and is not as troublesome, nor does it give rise to so many reflex complications, as in cases where the defect exists in only one meridian of the cornea, thus producing astigmatism. The ciliary muscle being arranged in a circle and acting with equal force in every part of its circumference, the eye strain cannot correct the difficulty, for in correcting one meridian one simply produces it in another, and thus are produced the most aggravated forms of eye strain. No amount of effort can correct this defect; properly adjusted glasses are the only remedy.

But vision is a binocular act, and the manifold movements of the two eyes are the result of the most complicated association of the various eye muscles, the intricacies of which movements are only realized when one attempts to diagnose a paralysis of some individual muscle. In the interest of single vision the movements are always so graduated that the image falls on relatively the same portions of the two retinæ. Any deviation from this perfect balance at once produces blurred, even double, vision. Muscular balance is as great a necessity to perfect vision as a perfect refractive condition. In fact, these two conditions are practically a single act in binocular vision. Further, the eyes cannot be focused for one point and be directed to another. Hence, in order insure perfect sight, both eyes must be directed to the identical point for which they are focused, and it is an established axiom that the angle of convergence is equal to the dioptric power employed.

If an individual uses a certain amount of force to see an object distinctly, exactly the same degree of force will be exerted on the extrinsic ocular muscles to bring the line of vision to the

* Read by title before the Ohio State Medical Society, May 9, 1900.

point the eyes are focused for. In farsighted persons the amount of force required will be such as to cause the eyes to converge to some point nearer than the position of the object; hence, the image will be blurred, and the individual must either learn to disassociate these two functions of convergence and focusing, using more of one than the other, and thus continue binocular vision, or he exerts power on the opposing muscle of one eye, drawing it out into line of vision; whereas, the same amount of power is added to the converging muscle on the other eye, thus causing it to turn in and thus producing concomitant squint. This variance between anatomical conditions, which produces refractive errors, and an optical law—namely, that the object to be seen clearly must be at the point for which the eyes are focused—is undoubtedly the most important factor in the production of squint. In the vast majority of cases of squint in young people no operation is necessary. A proper correction of the refractive condition will restore the equilibrium between refractive conditions and muscular effort, and cause the squint to disappear.

The constant effort to maintain a muscular equilibrium in the interest of perfect vision is another and most important factor in the production of eye strain. This is not always evident; is often latent, and requires most careful and painstaking examinations to bring out the degree of muscular weakness. The fact that squint does not exist is no evidence that the muscles are either not exhausted or equal to the strain constantly put upon them. The strength of each muscle must be determined, and thus will often be found the cause for the uselessness of every glass, for the most persistent headaches, for the inability to concentrate the eyes for any length of time on any kind of work. Reflexly, it has been the cause of various forms of nervous disorders—chorea and epilepsy—and a number of cases have come under my personal observation in which individuals were absolutely incapacitated, in one case all but adjudged insane, being brought to me in the care of an attendant, until relieved of a bur-

den which he could not describe definitely, and which disappeared, as if by magic, after his refractive and muscular condition had been properly adjusted.

In our waking hours our eyes are in constant use, and the degree of energy employed is always dependent on the distance of the object from our eyes. If either the refractive, muscular or nervous innervation is not in perfect condition, the entire mechanism is thrown out of balance, and the inherent desire for perfect vision sets other forces in motion to compensate for the weakness or abnormality. Often, for a time, this succeeds, but either the muscles give out or the drain on nervous energy is too great, being only accomplished at the expense of some other part of the body. I am sure I am not drawing the picture too strong when I attribute various forms of hyperemia about the globe, as conjunctivitis and blepharitis, the nervous twitchings of the eyelids, headaches, sick stomach, neurasthenia, mental listlessness and apathy to mental endeavor, chorea, epilepsy and some cases of insanity, to ocular defects which call for an excessive expenditure of nerve force and muscular energy, which has become popularly known as "eye strain." Eye strain, as a factor in the production of all the above conditions, deserves most earnest attention, and should be eliminated as a causative factor, if one hopes to clear up many obscure conditions.

Every muscular effort, and every degree of nervous energy exerted which is greater than the amount necessary to produce perfect vision in perfectly constructed and adjusted eyes, is abnormal, and is to be considered an eye strain, and this can, and ought to, be relieved by properly adjusted glasses.

IN bowel lesions, whether great or small, the aim of surgery is to preserve the integrity of the bowel. A bowel should not be resected as a matter of choice. Well-pronounced indications should be present to warrant so radical a procedure. In looking for such indications one may fall short of or overstep a conservative position.—T. A. ASHBY.

APPENDICITIS: ITS ETIOLOGY AND TREATMENT.*

BY J. AMBROSE JOHNSTON, M.D.,
CINCINNATI, O.

Fellow Alumni:

Instead of presenting you with a paper on medical ethics or a kindred subject, I have chosen to address you for a few minutes on a very practical, every-day topic—appendicitis, a subject rather trite, yet one that cannot be worn threadbare.

Although some time in the future our text-books may agree on some method of dealing with this condition, the physician will ever have to learn many lessons at the bedside, and this will continue to be so until the human race is developed into a higher animal, when, no doubt, the rudimentary structure under consideration will have ceased to exist and torment man. The pendulum of appendicitis has surgically swung very far in both directions, and it is by these extremes we get a mean; and as the pendulum has not yet ceased to swing to the extreme, I feel that it will be of some profit to review the etiology and indications for operative treatment.

ETIOLOGY.

The etiology, which is somewhat obscure, is ever an interesting speculation. Though it may not help us in the treatment of the disease to know what caused it, there is a great joy in the assurance that calcium salts, feces; etc., are the concretions met with—rarely seeds—so we can continue the habits of early life, when we devoured grapes and berries without consequences.

The causes are predisposing and exciting.

The anatomic structure of the appendix predisposes to the disease because of its position and size. The appendix is a narrow sero-muscular tube lined with mucous membrane, one end closed, the other having a common orifice of entrance and exit; its blood

supply is limited to one small artery with no anastomosis to compensate for impaired blood supply; it is rich in lymphoid tissue, which increases its absorptive powers, and as this tissue is more generously located near the exit, any swelling whatever is greater at the opening of the appendix, thus leading to occlusion.

The length of the meso-appendix is influential. If the meso-appendix be short the organ is more likely to be kinked or twisted, thus impeding the exit of any material lodged in it.

Males are more prone to attacks of appendicitis than females. Reasons have been given, but none are satisfactory. It has been said females have a greater blood supply, which nourishes and prevents breaking down of any part of the appendix. Clado has described a fold of peritoneum extending from the appendix to the ovary, which carries an extra artery to the appendix; but, as this ligament has only been found to exist in about one woman in ten, this reason for woman's greater immunity falls to the ground. Again, if limited blood supply were a factor, constipation, by distending the cecum with gas or fecal matter, would drag on the meso-appendix, shutting off the blood supply, and this would happen more frequently in women than in men, as women are more frequently constipated.

Age predisposes. The disease is most commonly seen between the ages of ten and thirty years, and is less likely to be seen as the extremes of life are approached.

Mucous membranes are in every position liable to catarrhal inflammation, and there is no reason why the mucous membrane of the appendix should be any less exempt than mucous membranes elsewhere. Causes that produce inflammation elsewhere are probably equally active in the appendix. While in other locations, excepting the larynx, they may cause no serious results, in the appendix they produce serious trouble. To show the relation tonsillitis bears to appendicitis, I quote the following from Chenoweth (*Mathews' Medical Quarterly*, January, 1897):

*Read before the Alumni Association of the Cincinnati College of Medicine and Surgery, May 2, 1900.

"Not only do we find a close analogy in the development of the lymphoid tissue of the appendix and similar tissues in other situations, but we find it likewise in the disorders of these structures." Take the tonsil for example. In speaking of the predisposing causes of tonsillitis Delevan says: "The first and most important factor seems to be youth, since it is most prevalent between the age of fifteen and twenty-five." It is rare in early childhood and after fifty. McKenzie, out of 1,000, found 601 occurred between ten and thirty; Delevan found 175 out of 260. Mackenzie believes that sex is not without influence in producing chronic hypertrophy of the tonsil, for out of 1,000 cases 673 were males and 327 females. Delevan, out of 260 cases, 169 were females and 91 males; 162 of the 169 females were under thirty years of age, while of the males, 84 out of 91 were under thirty.

We all have noted that the tonsils, composed of very similar tissue to the appendix, are subject to inflammation at those seasons when sudden alterations of temperature are apt to occur. Likewise with appendicitis, as has been shown by Dr. Edmund Andrews (*Journal American Medical Association*, vol. xxvii, p. 1193, 1896). Dr. Andrews, while investigating the part played by grape-seeds in the etiology of appendicitis, based upon all cases found in the Chicago hospitals during a period of fourteen years, 3,709 in number, found that a smaller number of cases occurred each year during August, September, October, and November—grape-eating months.

Now you observe that both appendicitis and tonsillitis occur most frequently between the ages of ten years and thirty; both occur most frequently in males; both occur most frequently during the inclement months. Surely, as both the tonsil and appendix are made up of similar tissue and parallel each other in so many ways, there would seem to be some common predisposing cause for both conditions.

Heredity, in connection with a rheumatic or uric acid diathesis, has by some writers been assigned as a predisposing

cause for tonsillitis; others assign the same cause for appendicitis.

EXCITING CAUSES.

At the present time there is little doubt that appendicitis is due directly to the invasion of germs. The epithelium lining of the appendix being weakened or broken at some point by some of the predisposing causes of the disease, germs invade the walls of the appendix, setting up inflammation. Then the swelling which takes place, and to a greater degree at the mouth than elsewhere, on account of the greater amount of lymphoid tissue there, occludes very frequently the opening, forming a closed cavity of the appendix, into which inflammatory products are poured until there is over-distension and a perforation at some weak point.

Foreign bodies do become lodged in the appendix, but are an infrequent cause of appendicitis.

Fecal concretions are very likely the most frequent exciting cause of *acute* appendicitis. They bring it about as follows: A small fecal particle gets into the appendix, the mucous membrane of which is inflamed, is retained there by the swollen membrane; it gradually increases in size by concentric layers of salts, mucus and purulent products deposited on it. As it gradually increases in size pressure-necrosis takes place, or it is the means of occluding the mouth of the appendix. Concretions have been found so large that they could not have been introduced without tearing the appendiceal opening. They are a result of appendicitis, and in turn aggravate the condition to which they owe their origin.

TREATMENT.

When it comes to treatment, the inexperienced are at sea, as they have able authorities who recommend the knife in every case, as well as those who seldom see the necessity for an operation. The treatment ought to vary according to conditions, duration of the disease, location of the patient at a distance from skilled surgical assistance, age and general condition, experience of the physician in surgery, etc. No

hard and fast rules can be laid down. Rules that a skilled surgeon could safely and profitably follow might lead to disaster when lived up to by those of little experience. It is for the average man that a general outline of treatment should be planned.

All can agree that absolute rest is imperative, and only liquid food given in all cases.

When seen during the first few hours of the disease, excepting fulminant appendicitis, small doses of sulphate of magnesia every hour or two, assisted with warm soap enemata, are often of value and lead to resolution.

For pain, hot fomentations may be applied over the appendix.

Opium was at one time highly valued, and is yet by some, but many regard it as a dangerous remedy. It is said to mask the symptoms, and thereby, through delay, lessen the chances of operative procedure. There are patients who will not consent to an operation, but demand relief, and morphine is the only drug which is of much value. It certainly gives the patient rest and lessens peristalsis, thereby allowing the pus to become encapsulated by adhesions.

Surgery has its place in this condition, but it is difficult to make rules to guide in selecting operable cases.

Syms says: "No fixed rule can be laid down for deciding in the early stages between the mild and severe cases. No man is capable of deciding the question correctly in all cases, but to one properly experienced an *indescribable* character of some one symptom may indicate a malignant process" (*N. Y. Med. Journal*, May 15, 1900).

Here are the opinions of two radical operators of note: "Every case, promising or unpromising, should be treated by surgical operation at the earliest possible moment" (Murphy, *Med. News*, January 5, 1895). "The safest general rule is to operate as soon as a diagnosis of appendicitis is made" (C. P. Noble, *Med. News*, November 28, 1896).

Such expressions may be all right for men who do a great deal of surgery, but for the average surgeon to operate on every case there is great danger that

he would accidentally lose a number that would get well without an operation.

F. Byron Robinson says that in over one thousand autopsies in patients dying of diverse diseases, 20 per cent. of adults suffer from appendicitis and recover without operation (*Mathews' Med. Quarterly*, January, 1894). According to these figures, if every case was operated upon the surgeon would have a financial harvest, and likely the undertaker would also reap some benefit.

As so high a percentage of the human race have appendicitis some time in life, and get well without an operation, it is desirable to have some rules to guide us in selecting those cases which are quite likely or certain to die if not operated upon. I desire to present the opinions of several operators who are not extremists.

"Laparotomy is indicated before the pathological process has reached a very advanced stage. This cannot be measured by time. In some the rapidity of the process is very marked, in others very slow. Some patients ask for attendance on the first day, and some not until the third or fourth." (Charles McBurney, *Annals of Surgery*, April, 1891.)

"By the second day, certainly by the third, and *à fortiori* later, the operation should be done if the following indications are present: (1) if there is abdominal pain most marked in the right iliac fossa, and especially with tenderness at McBurney's point, attended possibly with nausea and vomiting; (2) if there is rigidity of the right abdominal wall; (3) if there is fever up to 100° F., 101° F., or 102° F., which does not yield to medical treatment; (4) if by minute and careful palpation tumefaction and increased resistance can be discovered, with possible dullness, and, rarely, fluctuation; and (5) if there is edema of the abdominal wall." (W. W. Keen, *Annals of Surgery*, April, 1891.)

"Operative interference is indicated in every case in which the onset is sudden and the symptoms are decidedly acute and severe, and in every mild

case in which symptoms are unrelieved at the end of forty-eight hours. It is certainly indicated whenever a firm, slowly-forming mass is felt in the right iliac fossa, or when a sudden increase in sharpness of diffusion of pain points to perforation." (J.W. White, *British Med. Journal*, February 9, 1895.)

I think we can safely apply the following rules, always tempering them in every case with individual experience:

1. Operate in every case where the onset is sudden and the symptoms are decidedly acute—severe pain, temperature about 103° F., pulse about 100 to 120.

2. Operate in mild cases in which the symptoms are unrelieved or increasing after about forty-eight hours.

3. Operate without the least hesitation when a slowly-forming mass is felt in the right iliac fossa, or there is dullness on percussion above Poupart's ligament. If, however, before the operation is begun there is evidence that the abscess has emptied into the intestine, it would be well to defer the operation. The evidence would be diminished temperature, pulse and pain.

4. For chronic appendicitis operative interference is without question the only resort where the attacks are frequent and increasing in severity, jeopardizing life with each return, when relapses have reduced the patient to a state of chronic invalidism.

IN the light of pathological disclosures of the past few years, it is probable that primary tuberculosis of synovial surfaces is rare, especially of the knee. Our modern authors state that it does occur before puberty. Tuberculous synovitis is then a secondary invasion from the focus in the bone, and early relief by surgical intervention before the joint is invaded will mark the progressive surgeon and save many joints.—C. H. MAYO.

THE value of oil of eucalyptus as a gastro-intestinal and genito-urinary antiseptic should not be overlooked.—*Med. Summary.*

THE CINCINNATI LANCET-CLINIC

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J. C. CULBERTSON, M.D.,
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CINCINNATI, JUNE 9, 1900.

Editorial.

DUODENAL ULCER.

We have become accustomed to associate ulcerations in this upper portion of the intestinal tract with large superficial burns, though Holmes reported 16 cases of ulcer of the duodenum in 125 cases of burns, while Collier in about 300 ulcers states that 38 followed these extensive burns. A very large percentage thus remains to be accounted for in other ways.

Accepting the theory most advocated at the present day, that the ulceration is the result of septic infarction, many cases could be assigned to frost bite, erysipelas, tuberculosis, cancer, chronic heart and kidney disease, hepatic cirrhosis, and other allied conditions in which it was not so easy to assume embolic cause. And we are the more inclined to accept this theory of sepsis in view of the report of Lockwood, who, in 138 cases of burns in which antiseptic measures were more or less closely adhered to, was able to find duodenal ulcer but once.

Hyperacidity of the gastric juice has

been regarded as a most important factor in the etiology of gastric ulcer; as the chyme retains its acidity unchanged until coming in contact with the alkaline intestinal juices, it is but fair to assume a similar causal relation of hyperacidity to duodenal ulcer. Then, too, the duodenal ulcer very closely resembles its gastric relative in appearance and in the fact that it is usually single.

The experiments of Hunter deserve some attention in passing. By injecting toluylendiamene in animals this observer found that the bile became so changed that when poured out into the intestinal canal ulceration in the duodenum rapidly ensued. He very naturally concluded that some such change occurred in the bile as the result of loss of a large portion of the cuticle; unfortunately for this ingenious theory, duodenal ulcers are, as a rule, found well above both the biliary and pancreatic openings.

As regards other associating etiological factors, the prevalence of the affection in the male sex has long been known, the average being placed at above 80 per cent.

The symptoms upon which a diagnosis may be based are laid down by Weir as follows: "Occurs most frequently in males; pain in right hypochondrium or to right of parasternal line; comes on two to four hours after meals; no relief by vomiting, and latter not frequent; bloody stools (melena or brighter blood) more common than bloody vomiting; if jaundice is present this would contribute to the diagnosis."

As regards treatment, the medical treatment as applied to gastric ulcer would naturally be of benefit in a similar condition situated but a few inches farther along in the intestinal tract.

But here, as in ulcer of the stomach, the main reliance must be placed upon surgery, in that perforation occurs in something like 70 per cent. of cases. Up to April of this year Weir and Foote have collected fifty-one cases in which operative procedures were instituted. Of these *seven* recovered and several more survived the operation some weeks, to succumb to one of the many complications attendant upon abdominal section. Many of the fatal results were unquestionably due to delay in opening the abdomen, in some instances two and even three days elapsing before section was finally determined upon; no good result could be expected in cases where general septic peritonitis has lasted so long. Improvement in methods of diagnosis is sure to do much to abolish this fatal delay, and even more brilliant success in this line of operation can be confidently predicted.

M. A. B.

MEMBRANOUS ENTERITIS.

This obscure affection has trifled with the best feelings of the members of our profession under various guises: mucous colitis, tubular diarrhea and various other combinations; whatsoever the name, it has always been characterized by the persistency with which it defies therapeutic authority. Clinically, it has been recognized by the appearance of mucus in greater or less quantities in the stools at periodic intervals. That it has been known for many years is evidenced by the description of some of the older writers—indeed, those of several centuries ago—of "the passage of the inner membrane of the intestine."

While the disease has been known so long, the number of cases is not large, and men in active practice may pass many years and escape the unpleasant

duty of treating a single case. The disease is much more common among women than men, and particularly those in whom there is some nervous taint; indeed, it has been authoritatively stated that neurasthenia is always present. The radical statement that, conversely, all cases of neurasthenia are afflicted with membranous enteritis to a greater or less degree, is probably in advance of the fact. Of some interest is the association of the trouble with various disorders of digestion, and it is especially important to note its occurrence in connection with enteroptosis of high degree.

The symptoms of the disease are followed closely in almost every instance, and are easy of recognition. The sudden onset of severe colicky abdominal pain, with the passage of mucus in the stools, the latter accompanied by tenesmus, is constant. The mucus may be in small flakes surrounding the fecal mass, may exist in larger masses like frog-spawn, or the passage may consist entirely of mucus arranged in tubular form. Symptoms indicative of sympathy on the part of the stomach, such as anorexia, nausea, sometimes vomiting, eructations of gas, and a feeling of pain in the gastric region, usually accompany the attack. These evidences of a perhaps acute dyspepsia are not complicated with fever, as a rule. The attack usually lasts from five to seven days, and often during the interval the victim is distressed by constipation and digestive disturbance; the nervous symptoms also persist during this time. That the masses that appear in the stools are unquestionably of mucus can be demonstrated by the following test: fixing first in alcoholic sublimate solution and then staining with the ordinary tri-acid stain of Ehrlich; the green color that appears indicates mucus.

The treatment is a mile-stone pointing to a most brilliant advance in modern therapeutics. Until a very short time ago the intestine was flooded with astringents and irritants, of which nitrate of silver was the favorite; various possible and impossible dietaries were arranged and strictly adhered to, all without success. It remained for Kussmaul and Fleiner, in 1893, to advocate high enemata of olive oil, and brilliant success has followed this simple method. Having cleansed the intestinal tract by means of a high enema of soap and water, from four to eight ounces of the oil are injected as high as possible. Most patients are able to retain this over night, and even part of the next day; if not, the remedy is reduced in amount to accommodate the capacity of the gut. These enemata are given daily for several weeks, after which the intervals are gradually lengthened until perfect cure results. The diet is such as common sense would suggest for any individual whose vitality is vastly below par. In addition, the patient should receive the best possible attention in regard to hygienic arrangements, and the maintenance of general functions.

Just how the olive oil acts, it is difficult to explain. Einhorn, regarding as he does that one of the principal factors in the formation of mucus is a spasmodic contraction of the muscular tissue of the gut, suggests "that by means of the oil the intestine is not left in an empty condition during the night, and that thereby this spasmodic contraction is avoided." If this explanation is the true one, and coming from so great an authority it must receive the most respectful consideration, it would explain why nitrate of silver and the other irritants have been used with so little success—indeed, in many

instances to the positive detriment of the patient.

M. A. B.

EXTRACT from letter received from Dr. Herman D. Marcus, Assistant to the Skin Dispensary at the Medico-Chirurgical College and Hospital, Philadelphia, Pa.:

"In my connection with Skin Dispensaries I have had occasion to see cases coming who suffered years with eczema, and who again and again were placed on old treatments entirely inadequate to overcome their sufferings. In looking over my case-book, I find any number of such cases who gave me up in disgust on account of my failure to relieve them, and none since I started to use Noitol exclusively. In conclusion, I desire to cite a typical case, which, having withstood all treatment for some ten or twelve years, has been free from all signs of eczema for the past nine months, three months after ordering Noitol.

"Louis E. C., fifty-two years, has suffered from chronic eczema since 1885. During this time he had been under *constant* medical advice, improving partially for three or four months, but has never been entirely free from the disease. I first saw him in August, 1896, when he presented himself to me for treatment. His appearance was pitiful. His face, hands, body and legs were so fully covered that I do not believe there was an inch of continuous space free from the affection. Serum was continually oozing, and on drying seemed to stiffen the skin to such an extent that the neck could be turned only with difficulty, his hands showing decided cracks and fissures. His face, as he expressed it, seemed always like glued or plastered. His general condition was fairly good, with the exception of some insomnia, caused by the intense itching, especially at night when lying under warm cover. A sample of Noitol having been received by me, I gave it to my patient, without any hopes, though, that this would succeed where other tried and well-known remedies had failed. On his return I found just the slightest improvement, but not sufficient to justify me, as I thought then, to order Noitol again. I prescribed an ointment, and each subsequent visit showed improvement so marked that on my drawing his attention rather proudly to the effect of my successful treatment, I was rather taken aback with the reply that there were no thanks due to me; that he had seen the effect of Noitol and had been using it ever since, not having filled any of my prescriptions for some time. I doubted my patient, but he kept on using, as he expressed, "his" treatment, and, as I remarked above, he has been completely free of any signs of the disease for the past nine or ten months.

"I have tried Noitol since then, and I must acknowledge now that of all treatment yet recommended, Noitol, in my therapy at least, takes the first place, and will continue to do so so long as my future success in the treatment of eczema will equal my past experience.

In Memoriam.

JAMES T. WHITTAKER, M.D.

Quid me mortuum miserum vocas, qui
te sum molto felicior?

That the dead in the flesh are oft-times happier in the spiritual state, admits of no questioning; that what was frail mortality becomes immortal, is beyond contradiction. Especially blest is he to whom release from pain, after long suffering in mind and body, cometh, for his is

"Love and light,
And calm thoughts regular as infants' breath,
And three firm friends, more true than day
or night—
Himself, his Maker, and the angel Death."

From time to time every profession loses one of its more prominent members. The heaven of medicine is full of stars. Some are brighter than others; these are the planets around which the lesser satellites revolve. The brilliancy of these planets glows on the heaven of eternity, shining on and on forever, undimmed by the flight of the passing ages. We watch such stars, admiring their radiance as they glitter on the higher firmament of fame, resplendent with memories of the true, the good and the beautiful.

James T. Whittaker was a hard student and a profound thinker, a leader among medical men. Ever an enthusiastic worker in his chosen profession, his spirit at times led him into the highest realms of medical optimism, yet this was only an evidence that he had greater faith, larger hope, for the future progress of his art than is usually given the ordinary practitioner. As a writer he was charming and versatile; he was persuasive rather than argumentative.

"His life was gentle, and the elements
So mixed in him that Nature might stand up
And say to all the world, 'This was a man.'"

His diction was faultless and his literary cast was elegant; he might have been a great orator had he cared to cultivate forensic graces.

James T. Whittaker was a strong

man intellectually from whatever standpoint he viewed a question. Within the confines of a delicate body there lingered a great soul, with a mentality that was as incessant as intense in its activity. So it happened that his frail physical being was burnt out by the very fires of his genius, and this all too soon, for he died long before the solstice of his time. His spirit has taken flight, liberated from the tenement that once held it captive.

We knew him well in his student days; he was our classmate at the old Ohio Medical College, but daily professional cares and the ordinary duties and interests of life drift men far apart all too often, so that one rarely meets former classmates even in the same great city. Yet our admiration of Dr. Whittaker's grand qualities as physician, student and writer has never faltered. We watched with pride his ever-increasing national reputation, and gloried in his every success, although on many points in medicine we held widely divergent views.

James T. Whittaker was a gentleman, above all in the consultation-room, where, while he had firmly fixed opinions, he never placed himself in antagonism to the regular medical attendant, who might at times differ with him as to points of treatment. It was for this reason that he ever held, and rightly so, a fine reputation as an expert consultant.

Dr. Whittaker was ever an advocate of the higher medical education. A man of great culture and innate refinement himself, he always labored to impress his students with the advantages to be derived from close application to all the varied branches of human knowledge. With a deep poetic temperament he combined an ever-yearning love for all that was classical.

Let those who have had closer personal and social relations with Dr. Whittaker, his college and hospital *confrères* of later years, discourse of his characteristics as a man, his virtues as a friend, his domestic qualities, for undoubtedly one who had so many warm personal admirers must have possessed all those sweet traits of individu-

ality that go to form the basis of true good fellowship.

His family have our profound sympathy. Yet there is the after-compensation of grief, that death is inevitable for all, and even the passing beyond of husband and father has in it the deep consolation that the memory of a good name will survive, being greater than the mere dross of wealth and the tinsel grandeur of gilded palaces. Dr. Whittaker's fame as physician, teacher and author will be more enduring than letters of bronze imbedded in granite by the Titanic forces of an ever-mysterious nature. His name will survive his tomb.

"Into the silent land,
To you ye boundless regions of all perfection,
Tender morning visions of beauteous souls,
The future's pledge and band.
Who firm in life's battle stand
Shall bear Hope's smiling blossoms
Into the silent land."

Though what mortals term death has folded the pale hands over the tired heart of Dr. Whittaker, the violets of memory and the white lilies of good deeds done will spring from the bosom of Mother Earth, that covers the empty casket that once held a soul jewel.

Far beyond the setting sun of his destiny, there is the ever-peaceful twilight of the mysterious future, towards which every weary-bodied mortal is slowly traveling.

Let the younger men of the profession he so long instructed emulate his bright example, and ever cultivate his precepts on the ethics of medicine and the sublimity of a true physician's calling over all others.

James T. Whittaker's passing is a great loss to the entire medical profession.

T. C. M.

PHIMOSIS and balanoposthitis occasionally occur in adults in whom no venereal disease is at fault. In these cases it is well to examine the urine before operating, for diabetes may be the cause, and in the latter case it is not always safe to operate. Diabetic gangrene of the penis has also been mistaken for phagedenic chancre.—*International Journal of Surgery.*

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

Treatment of Myopia.

M. Panas, at the Académie de Médecine, read a paper on the treatment of myopia without operation. It was a case of a boy in whom myopia was very pronounced. He was treated by instillations of a solution of pilocarpine, several times a day, and the application of a compress of wadding at night. At the end of five months the improvement was very encouraging, the anterior posterior axis of the ocular globe was manifestly shortened by the compression and the instillations of pilocarpine.—*Paris Cor. Med. Press and Circular*.

The Origin of Urinary Casts.

Dr. E. Von Zeyhlard (*Wien. klin. Woch.*, January 4, 1900), in an article on this subject, says:

"To Henle is given the credit for having first discovered urinary casts, although they were undoubtedly seen by earlier observers. Henle's observations were made in 1842. He observed only the so-called hyaline casts, and subsequent writers have devoted much attention to them. Henle believed, because of certain reactions they manifested, that the hyaline casts were composed of fibrin, and he called them fibrin casts. All the older writers accepted this view, and only rarely does one find in the older books any mention of the possibility of a different origin. The view that they were of a fibrinous character was first opposed by Oedman-sen and Axel Key, who believed that the hyaline casts were partly a product of a secretory activity of the kidney epithelium, and were partly the result of homogeneously metamorphosed kidney epithelium.

"Rovida energetically opposed the view that the hyaline casts were of a fibrinous character. Hyaline casts present many of the chemical reactions of fibrin, but others are lacking. Bizzozzero accepted Rovida's ideas that hya-

line casts resulted from a secretory activity of the epithelium. After the discovery of Weigert's fibrin stain, a means seemed to be furnished of settling this question definitely. Weigert himself found that hyaline casts, except for minute portions of them, did not stain with his fibrin stain. O. Israel and Ernst came to the opposite conclusion, namely, that the great majority of hyaline casts were of the fibrinous character. Lubarsh ardently supported the view that hyaline casts originated from the cell protoplasm, either through a secretory activity or a transformation of the protoplasm.

"With regard to the granular casts the writer believes these to be composed mainly of detritus, due mainly to degeneration of epithelial cells and leucocytes and red blood corpuscles. As for the origin of epithelial casts the writer believes that they are formed mainly from the desquamated epithelium of the collecting tubules, and opposes the view that the cells come from the convoluted tubules, and urges in support of this view the fact that the lumen of the Henle's loop has a smaller calibre than the diameter of an epithelial cell of the convoluted tubule."—*Albany Med. Annals*.

Notes on the Origin of Sex.

Dr. Arthur F. Davenport (*Intercolonial Med. Journal*, October, 1899) draws attention to the contrast between the general numerical equality of the sexes and the great inequality observed in individual families. This must be due to the parents of these families, and the author proceeds to inquire into the way in which the parents are responsible for this.

He commenced his investigation during a twelve-months' residence at the Rotunda. He inquired into 400 or more families, with 2,540 children, 1,313 males, 1,227 females, though many families were all of one sex. The one fact which impressed him was that in families with an undue proportion of males the mother was proportionately more vigorous, whereas if females predominated the father was superior

in vigor and health. In later years he has come to consider especially the hereditary constitution of the parents as a factor in their relative health.

The working hypothesis is as follows: The sex of the child is determined at the moment of conception, and is the opposite to whichever parent is at that moment in relatively the more vigorous health.

During twelve years Dr. Davenport experimented with dogs, keeping one sex shut up and badly fed, while the other parent was allowed out and fed up, and the results were strikingly satisfactory to the working out of his theory, and his method he also found was practiced by the manager of a large cattle station in New South Wales with success.

His first opportunity for experimenting on man was on a German hotel-keeper of 38, with a wife of 35, superior in physique, and a family of eight boys. Owing to the illness, for which the wife consulted him, she had to lie in bed for three weeks. During this time the husband was dieted and brought into the best possible condition. Nine months after the wife's return she presented a fine daughter to her now no longer sceptical husband.

During the past twelve years, 45 cases have been under treatment; in 6 it was not persevered with, owing to advanced organic disease; in the remaining 39 cases, 32 were successful, in 4 no pregnancy resulted, and in the remaining 3 the treatment was only adopted half-heartedly and was of no avail.

The building up is done by diet, regular hours, open air, tonics, etc. The lowering treatment is (a) low non-nitrogenous diet; (b) a maximum of sedentary and brain work, with a minimum of sleep; (c) a course of nerve sedatives, bromides and iodides, especially the latter, for the last fortnight.

The theories of sex are then criticised; firstly, that of Giron, that the sex follows that of the most vigorous parent, of which Geddes and Thompson state that "it cannot be said that facts bear out the case."

Hofacker and Sadler stated that "the sex of the child depends upon that of the

parent whose age exceeds the other." This agrees with Dr. Davenport, the younger parent being the more vigorous.

Disney's observation that the proportion between the sexes is self-regulating is also shown to fit in with the theory, as in Schenck's observation, that the urine of a woman bearing only female children invariably contains a larger or smaller quantity of sugar, since this means inferiority, and therefore she may bear male children.

Finally, in nearly every instance, this essential condition of relative health may be, for the time, swayed in one direction or the other, at the will of the physician, sufficiently to determine whichever sex he may desire to produce.—*Quarterly Med. Journal.*

Popular Superstitions Relative to Menstruation.

Laurent (*Chronique Medicale*) does not entirely disbelieve in certain ideas, popular amongst women in different countries, relating to menstruation. In the sugar refineries in the North of France the female hands are actually kept out of the premises when the sugar is being boiled and also when it is undergoing the process of cooling. The objection to women is that if one or more were menstruating the sugar would be blackened. A similar notion prevails in Cochin China in respect to the preparation of opium. Another doctrine, also common to Europe and Asia, is that the hands of a menstruating woman break objects of strength and toughness. Especially is this notion entertained in relation to stringed instruments. A performer on the double bass at a theatre in Paris declared that if his wife touched one cord of the instrument during her "period" it snapped at once. Two young women, excellent violinists, informed Laurent that they never played when menstruating, as the snapping of cords interfered greatly with the performance. One of these ladies admitted that she was extremely nervous and irritable at the period. Several much more credible phenomena have been reported,

and clearly come under the head of neurones. Young girls sometimes acquire an idea that their clothes stick to them at the period. Such a person gets nervous during the catamenia, and trying to pull off a tight glove fails, and then believes that it sticks to her. Since she thinks that the same must be the case with her clothes, she loses the power as well as the will to pull them off. Laurent observed this in two sisters. Their body linen did not stick to the skin through perspiration or any visible cause, but it could not be taken off during a "period" till a servant pushed her hand between it and the skin.—*Indian Lancet*.

Some Pathologic and Clinical Phases of Gall-Stones.

A. H. Cardier (*American Journal of Surgery and Gynecology*, April, 1900) draws from his experience the following deductions:

1. Cholelithiasis is of frequent occurrence, and usually gives manifest symptoms, either severe or obscure.

2. Cholesteroline as a gall-stone producing agent must be present in an abnormal quantity.

3. Cholesteroline is in a great measure a product resulting from the destruction and disintegration of the epithelium of biliary ducts and gall-bladder.

4. Bilirubin calcium, an insoluble compound, the outgrowth of the union of bilirubin and the lime salts, forms the nucleus of almost all the stones formed in gall-bladders.

5. Jaundice, ptomaine poisoning and suppuration are late symptoms of cholelithiasis.

6. Dyspeptic symptoms, swarthy skin, uneasiness in the region of the gall-bladder ("congestion of the liver") and loss of weight are some of the remote and local outgrowths of the presence of gall-stones.

7. Inflammatory diseases of the duodenum and bile passages are the most direct causative factors in the production of gall-stones.

8. Some cases get well without any assistance from the physician or surgeon, yet the progress of the cases that

terminate favorably without surgery can be greatly assisted by the physician.

9. The surgery is especially difficult, and the inexperienced should not undertake to do it.

10. A ball-valve stone usually continues giving rise to symptoms until removed by surgery.

11. Stones in the gall-bladder producing septic symptoms should be removed.—*Med. Age*.

Contribution to the Study of Cardiac Overstrain in the Young.

In *Pediatrics* for November, 1899, Dr. Poynton, clinical assistant to the Hospital for Sick Children, Great Ormond Street, records the results of a series of observations made at Marlborough College. As a result of the examination of several boys who had engaged in races at the school sports, he found the pulse rate but slightly increased on the day after, and there was no indication of tachycardia, but there were indications of an enlargement of the heart to the right and upwards, and to the left in the region of the infundibulum of the right ventricle. To exemplify the danger of overstrain upon a weakened heart, he gives the case of a young strong man, aged twenty-six, who had been out of sorts for a week, and went for the first row of the season in a four-oar, to shake off the malaise. On landing he felt ill and consulted a doctor. The doctor found his pulse rate 180-200 per minute, and he was admitted into St. Mary's Hospital. He died a few days after, the tachycardia persisting to the end. At the autopsy evidence of previous pericarditis and mitral valvulitis was found.

The writer thinks that games indulged in competitively are the most dangerous, for here the individual is constantly tempted to better his best. To this class belong competitive running, rowing, and cycling. The Rugby and Association football he classes as violent games, especially on account of the "tackling." This causes considerable sudden strain, which is especially liable to damage the aortic area of the heart. In this connection he records a

case of ruptured aortic valve which came under his own notice. Hockey, the author thinks, is hardly a "girl's game." Of all games he considers racquets is the most trying; and boxing, for a boy with a weak heart, is altogether out of the question. Cricket he considers one of the best of the outdoor games, on account of its varied qualities; but even here the strain of fast bowling is attested by the fact that every year boys are completely spoiled as bowlers by this over-exertion.—*Quarterly Med. Journal.*

The Relative Intensity of the Second Sounds at the Base of the Heart: A Study of One Thousand Cases.

Dr. S. R. Creighton (*Med. Record*, lvii), says:

1. Accentuation of the pulmonic second sound is almost invariable in young children and frequent in youth.

2. After the fortieth year of life, the reverse is the case, and it is then rare to find a pulmonic second sound as loud as the corresponding aortic sound.

3. Between the ages of twenty and thirty years, there is no marked accentuation of either sound.

4. In view of the above facts, it is obvious that when one speaks of an accentuated pulmonic second sound as corroborative of a diagnosis of heart disease, such accentuation must mean an increase in the loudness of the sounds over that normally to be expected at the age of the patient in question. A comparison with the aortic sound is not sufficient to settle the question.

5. Further, when we speak of an aortic sound as accentuated, we must mean (in case of patients over forty years) more accented than it is normally. Once more, the simple comparison with the pulmonic second sound will not settle the question. The comparison must be with an ideal standard carried in the mind.

6. In interpreting the meaning of an accentuation of the pulmonic sound in suspected mitral stenosis, one must bear in mind the age of the patient. The presence of a pathological accentuation of the sound can be determined only in

relation to the degree of accentuation which is to be expected at the age of the patient in question.—*Indian Lancet.*

The Treatment of Hiccough.

Noir (*Progrès Medicales*, January 6, 1900) reviews the various methods of treating obstinate hiccough. He alludes to galvanization of the phrenic nerve; to the application of a faradic current to the epigastrium (Erb's method); to compression of the left phrenic nerve (Leloir's method); to the forcible elevation of the hyoid bone by the fingers (Nothnagel's method); and finally to vigorous traction of the tongue (Laborde's method). He prefers the latter on account of its simplicity and efficiency. It has given excellent results in his hands. In a nervous girl, aged six years, who was completely exhausted by hiccough of over six hours' duration, traction of the tongue for a minute gave immediate and permanent relief. In a second case, a patient with advanced diabetes complicated with tuberculosis, hiccough which had already lasted several days and which had resisted all other remedial measures, promptly yielded to Laborde's treatment continued for about two minutes.—*Philadelphia Med. Journal.*

Gunshot Wounds in the Spanish-American War.

W. C. Borden (*N. Y. Med. Journal*, April 14, 1900), in a paper on this subject, draws the following conclusions relative to the surgical methods employed:

1. That aseptic and antiseptic methods have been the greatest factors in reducing post-traumatic complications and the mortality of the wounded.

2. That excellent results are obtained by dressing wounds with the first-aid packet or other occlusive dressing, and by packing lacerated wounds with iodoform gauze and leaving them undisturbed until they can be attended to with aseptic precautions.

3. That bullets which remain in the tissues usually give rise sooner or later to symptoms of discomfort or disability,

and that, in consequence, all bullets should be removed, if possible, but the removal should be deferred until aseptic conditions are available.

4. That the Roentgen ray is of the greatest value in locating bullets and determining the condition of fractures.

5. That under asepsis there should be no hesitancy in employing operative interference in compound fractures where there is irreducible displacement of bone, or where the Roentgen ray shows a condition of fragmentation liable to produce impairment of function; and that all septic wounds and fractures should be treated by thorough antiseptic methods.

6. That surgical asepsis is practically impossible on the field or at the field hospital.

7. That operative interference on the field or at the field hospital should be restricted to operations imperatively demanded to save life or to decrease the probability of death where transportation without operation would be more dangerous than the septic infection liable to occur from immediate operation under unfavorable conditions.
—*Med. Age.*

Operations in Gloves.

M. Quénu spoke at the Société de Chirurgie on the aseptic advantages of wearing indiarubber gloves while operating. He said that it was impossible to sterilize the hands sufficiently, and the use of gloves of caoutchouc simplified singularly the question, for without that precaution the surgeon should in general renounce all septic interventions forty-eight hours, at least, before an aseptic operation. The same precaution of protecting the hands permitted the making of autopsies, but, as a rule, the operator should never enter an autopsy room, as it was never properly cleaned. M. Tuffier said that for his part he would never let a surgeon operate on him who had previously done a septic operation. As regarded indiarubber gloves he recognized their advantage in performing septic operations, but he preferred thread gloves for aseptic operations. But before everything he considered that the ra-

pidity of the operation was an essential factor in the success of the intervention. To put on the caoutchouc gloves easily it was only necessary to fill them with water.—*Paris Cor. Med. Press and Circular.*

Pericardial Corns.

In a recent clinical lecture at the Polyclinic Sir William Broadbent dealt with a case in which there was an extra-cardial murmur, due apparently to a condition which he described as "corns" of the pericardium. The patient was a telegraphist, aged forty-three, who had always enjoyed good health, and had never had rheumatic fever, or, indeed, any serious illness. His illness had commenced a couple of months before with an attack of vertigo with pains in the limbs. For a fortnight he had repeated attacks, usually occurring at night, and accompanied with pain in the region of the heart and with difficulty of breathing, which had obliged him to sit up in bed. Returning to work brought on another attack so that altogether he had had to rest for a month, after which time he had been able to resume his occupation. On examination a faint cardiac murmur was found, presystolic in time, and running over into the systole, but this was not constant. The question arose whether this bruit had anything to do with the attacks of vertigo. Examination showed a pulse of high tension, but no enlargement of the heart, a short first sound at the apex, and a murmur more or less distinct over the right ventricle. This murmur gave the impression of being extra-cardial, and resembled the "scratch" produced by patches upon the pericardium. It disappeared on firm pressure. The vertigo was probably of gastric origin, and had no connection with the heart. "The principal interest of the case," said Sir William Broadbent, "lies in the scratch murmur heard close to the ensiform cartilage. This form of murmur is much commoner than is usually believed, and leads to many errors of diagnosis. Many a candidate for the army medical examinations is rejected quite unnecessarily on account of just such a murmur. The patches

are not the result of any form of pericarditis, show no tendency either to spread or to disappear, and may last a whole lifetime, without giving rise to any mischief whatever. In fact, they may be best characterized as corns of the pericardium."—*Indian Lancet*.

Another Old-Age Theory.

Professor Mechnikoff, of phagocytosis fame, has elaborated a theory of old age based largely upon his fundamental conception of the nature of the leucocyte. He recognizes two kinds of cells, common and noble. The noble cells determine the functions of organs. The common cells are identical in all the organs; in fact, they simply become connective tissue cells. Mechnikoff calls the noble cells macrophagi and the common cells microphagi. Old age consists in the subjugation of the macrophagi by the microphagi. Mechnikoff hopes that some substance will be found to destroy the microphagi by artificial means and thus extend the life of the noble cells. Mechnikoff's theory that age is due to proliferating connective tissue cells is somewhat like that one which makes age the result of mineral deposits in the arteries; either theory fails to tell us why these changes are not the result of age rather than age the result of them.—*Indian Lancet*.

Etiology and Treatment of Chorea.

1. The frequency with which nervous and other symptoms are met in chorea places beyond doubt their influence as etiological factors.

2. Hysteria appears to exercise a marked influence on the onset of chorea, so much so that some authors have regarded the latter a form of it.

3. According to certain writers who have remarked the close connection between chorea and the infectious diseases common to a secondary affection, it is the sequel of those virulent diseases.

4. On one hand, the close relation between chorea and rheumatism, so long admitted by clinicians of the highest standing, and, on the other, the

bacteriological nature of rheumatism as proved by Achalme, Thiroloix, Triboulet, Cuyon and Ladoc, lead him to see in chorea only the cerebro-medullary tendency of a rheumatic infection developed in the hysterical or neurasthenic temperament.

5. Of the numerous remedies to which resort has been made in the treatment of chorea, the author gives the preference to those derived from the aromatic series, such as antipyrine (the proper dose of which he has determined), exalgine, asaprol and analgine.

6. While these remedies have been of undeniable efficiency in the treatment of rheumatism, it is equally true that under their action all choreic manifestations disappear within the space of from eighteen to fifty days.

7. The author's personal observations have assured him of the successful outcome of this treatment, at least in the case of children whose subsequent history he has been able to follow.—Dr. MONCORVO, in *Pediatrics*.

On the Formation of an Artificial Anus.

Robert F. Weir (*Med. Record*, April 21, 1900), after reviewing the various operations for the formation of artificial ani, says:

1. That an artificial anus of a temporary character can be best established by Maydl's operation or by Bodine's modification.

2. That overslipping of feces may be prevented by proper spur formation, by narrowing the rectal opening, or by occluding the rectal end of the bowel, which may be fastened in the wound or dropped into the abdominal cavity.

3. That continence of the abnormal outlet is aided by muscle separation (Maydl) or by muscle bridging (von Hacker and Hartmann), or by the use of inflatable or molded plugs or other apparatus.

4. It is only, however, to be satisfactorily effected (though larger experience in this is desirable) by an extra-abdominal iliac outlet (Witzel's iliac colostomy), to be made by opening the bowel outside and behind the iliac

spine. In this procedure the bowel is compressed between the edge of the bony pelvis and the skin.

Many other methods have been proposed. Some, like Witzel, have made the outlet externally, but by gouging a hole through the iliac bone. Other schemes have been tried and have failed. A few are so unsurgical that they have fallen still-born. Perhaps some have yet promise, and may in time, their value not now being recognized, develop into methods of note.—*Med. Age.*

Aneurism.

M. Tillaux related at the Surgical Society how he replaced a ligature on the aorta by mistake in operating for an aneurism of the external iliac artery. A man of fifty-six entered the hospital with a tumor in the left iliac fossa. For a year previously he remarked a small tumor in the region, for which he was advised to wear a bandage. A few days before entering the hospital he strained himself, and almost immediately the tumor became the size of an adult head. The case was one of diffused aneurism. The speaker decided on tying the iliac trunk, and after having placed the ligature as high up as possible, he was able to state that no pulsation took place in the tumor. The following day the condition of the patient was as satisfactory as possible, but a fortnight afterwards edema set in in the leg, and the man succumbed forty days after the operation. At the autopsy the operator discovered, to his great astonishment, that he had inadvertently tied the aorta.—*Paris Cor. Med. Press and Circular.*

The Contagion of Insanity.

The use of the term "contagion" as applied to insanity is, of course, merely a convenient figure of speech, intended to express the fact that some cases of insanity arise from prolonged intercourse with insane patients. That such a thing happens has long been recognized by authorities upon mental disease. Indeed, there is no more rooted popular belief concerning madmen than that which attributes an undue propor-

tion of instability to medical officers and attendants in lunatic asylums. The origin of the trouble may be to a certain extent mimetic, for it is certain that the imitative faculty is more or less actively at work at all ages and stages of the brain of that highly complex animal, man. In other words, the two chief factors concerned in "contagious" or "mimetic" insanity, are sympathy and suggestion. So long as the individual exposed to such influences maintains a good standard of bodily health he is likely to escape any serious consequences. It is only when the powers of mental resistance are weakened by impaired nutrition or other physical injury that the brain gives way. Fortunately, the prognosis is good in cases where there is no family predisposition towards mental trouble. A prolonged absence of the sufferer from the insane environment is sufficient in most cases to effect a cure. One practical moral to be drawn from a consideration of this aspect of lunacy, is the absolute necessity for a liberal and regular allowance of holiday for everyone engaged in the care of the insane.—*Med. Press and Circular.*

Treatment of Orchitis.

Dr. Pigot highly recommends the following treatment for orchitis due to gonorrhea: The patient is first given an ounce of salts as a purgative and then salicylate of soda, fifteen grains, four times a day. Improvement shows itself after twenty-four hours, and at the end of eight or ten days, the cure is complete. Mercurial ointment need only be employed where there is effusion into the vaginal sac. During the treatment the patient remains in bed, and maintains constantly *in situ* a suspensory bandage lined with cotton wadding.—*Paris Cor. Med. Press and Circular.*

The Mechanics of Coughing.

Ad. Valentin (*Archiv. für Laryngologie*, Band ix, Heft 3, 1899), after citing the explanations that have been current for years, especially the view that the edges of the tightly closed

glottis were suddenly and violently driven asunder by the current of expired air, advances an explanation of his own.

He places the order of events as follows: "A sudden and very deep inspiration with abduction of the cords is followed by a forcible adduction of the latter, causing a firm closure and compression of the glottis. At the same time occurs an increasing compression of the chest by the muscles of expiration, the lower jaw is somewhat dropped, the mouth open, the tongue pointed and projected slightly forward. The soft palate is elevated. Then follows the real concussion of coughing. The spasmodically closed glottis is not by any means forced open by the column of expired air, but the spasm of the adductors suddenly ceases and one can see how the previously adducted arytenoids and vocal cords become abducted with lightning-like rapidity. The glottis opens often to the widest possible extent. After the impulse of

the cough is over, the cords close again, but not so tightly as before. Of course the sudden and great expansion of the glottis is due to a reflex contraction of both postici. This contraction differs from the ordinary inspiratory contraction mainly in the rapidity of its occurrence." The author has assured himself of the correctness of these views by numerous laryngoscopic examinations and by animal experiments.—*Laryngoscope*.

I HAVE long been convinced that antiseptic gauze is, by all odds, the best possible material at our command for draining the septic uterus, and that it not only keeps open the cervical canal, but maintains a germicide in easy and direct contact with the whole diseased surface and drains effectively in obedience to a well-known law of physics. Of course, if allowed to remain longer than three or four days, it may become saturated with mucus and will not then drain so perfectly.—W. W. GRANT.

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Original Articles.

THEORY OF THE PRODUCTION OF TUBERCULOSIS.

BY H. H. SPIERS, M.D.,
RAVENNA, O.

DES DEUTSCHEN VATERLAND.

"Was ist des Deutschen Vaterland?
Ist's Preussenland, ist's Schwabenland?
Ist's wo am Rhein die Rebe blüht?
Ist's wo am Belt die Möve zieht?
O nein! Nein! Nein!
Sein Vaterland musz grözzer sein.

* * *

"Das ist des Deutschen Vaterland
Wo Elde schwört der Druck der Hand,
Wo Treue hell vom Auge blitzt,
Und Liebe warm im Herzen sitzt,
Das soll es sein!
Das, wackrer Deutscher, nenne dein!

"Das ganze Deutschland soll es sein!
O Gott! vom Himmel sich darein!
Und gieb uns rechten deutschen Muth,
Das wir es lieben treu and gut!
Das soll es sein!
Das ganze Deutschland sol es sein."

We have elsewhere stated, and again affirm, tuberculosis is a constitutional disease dependent largely on the evils of civilization and governed by the following law: The death rate from tuberculosis is in direct ratio to abeyance of atmospheric influence. Suspension of atmospheric influence is, then, the primary cause of tuberculosis, not the germ tubercle bacillus, as commonly believed.

In a former article (LANCET-CLINIC, April 21, 1900) we attempted to show that deep breathing, in so far as it removes suspension, removes the primary cause in the same ratio, and is thereby curative. We now try to set forth more clearly the true cause or nature of this most serious disease, and in so

doing to give as best we may our theory of its production.

In the first place, please bear in mind that tuberculosis is a constitutional disease. Medical writers of this generation are somewhat at variance on this important topic. Some classify the disease as constitutional and then define as local and infectious; this seems contradictory. Others believe it a specific infectious disease, yet fail to state the condition under which the infective germ or cause enters. This *essential* is omitted—an unwarrantable fault. Still others recognize a condition or state of the system as necessary for its natural transfer, but boldly assert this condition or state cannot be named. The fallacy of this position is shown in "Tubercular Annotations" (*vide* LANCET-CLINIC, May 6, 1899).

Nor is the diversity of belief confined to this alone. It is just as great on the question of heredity in tuberculosis. Ask the eminent German medical scientist of to-day if scrofulosis and tuberculosis be one and the same, and he will answer yes. In the same breath he will affirm heredity is a factor in scrofulosis but not a factor in tuberculosis. Such teaching is illogical, and, we think, immoral. The eminence of the teacher oftentimes blinds the intellect. Let us endeavor to use logic and truth at the same time. If scrofulosis and tuberculosis be identical they are identical in transmission. The writer claims tuberculosis a constitutional disease—*constitutional from the moment of inception*; that scrofulosis and tuberculosis are not only alike in nature and manner of inception, but also alike in transmission.

The time has come for medical men to assert with positive earnestness that which they know. The air is full of

skepticism and unbelief. The medical world is running wild after the sheerest fads.

Do I speak the exact truth in saying the scientist is largely to blame? It is time, high time, to utter truths and stand by them in argument. What the world wants more than all else is men, high-minded men, who knowing what is right and dare assert and maintain the same. The medical policy for the last few decades has been one of vacillation and inaptitude. In no line of work is this more clearly seen than in the management of tuberculosis! The land of science, germs and serums shows its ravages most clearly. When will we control?

These and kindred topics could be presented indefinitely. Why prolong the discussion? It is not that we wish to demolish the structure that has been reared with so much painstaking, but rather to notify the residents of danger. *The foundation is unstable.* The building will ultimately be removed and rebuilt with greater care. At present we are reprehensible if we do not notify.

It was an ancient belief that the life of the animal is in the blood. There is much in this statement to meet acceptance and commendation. As the blood deteriorates the health declines; as the blood flows out the life departs. There is a health standard, so that, as a rule, show the character or composition of the blood and the stamina or vitality of the individual is seen.

Much may be said in extenuation of this belief. Yet on reflection it is seen many things must enter in the composition of the blood; or, perhaps, better, many factors are essential in the production or formation of the blood in its perfection. We enumerate some of the more important. As a rule, the richness of the blood depends on the quality of the food. The quantity of food determines more the amount of blood. Yet there are exceptions. A rich food may secure a large blood supply or a plain food a rich supply. There is something strange in this provision of nature. Each animal seems to adapt itself to the food ingested. We see well-nourished people who live

on plain food and illy-nourished people who live on rich food. The richness or plainness of the food does not always alone determine the quality of the blood. Other factors enter in its production.

One of these is digestion. It is not alone the quality or amount of food ingested, but the amount digested, that goes to restore an impoverished blood. At all ages a constant waste is going on in the system. In youth there must be also a supply for growth. This waste and supply must be met. It is met by ingestion and digestion of food. But digested food is not blood. Before it becomes blood it must be taken up and poured into the proper channel, conveyed to the lungs and aerated. It is then blood, and can be used or utilized by the system in its growth or development. This seems very simple, but the latter, or aëration, has apparently been ignored by many of the profession.

To-day there are leading lights in practice who prefer to call in a microscopic germ to account for a faulty aëration. To the writer this seems absolutely silly. Germs do not naturally grow in healthy tissue. Imperfect aëration prepares the soil for the so-called germ of tuberculosis. Change the aëration in this early stage and there is no tuberculosis, or, if you prefer, germ growth. This is certainly worth knowing.

But is not the idea of germ growth recent medical science? Is not the germ theory adopted by all scholars of eminence? Can we set aside so great an array of evidence? What would be the ultimate outcome should we discard the germ theory of tuberculosis? Would we not again go back to our forefathers and start anew? In reply to this, we ask, what would the world miss to-day should all knowledge of tubercle bacilli be cast into everlasting disuse? The writer speaks candidly and upon reflection when he asserts the germicidal or serum treatment of tuberculosis is no better than former treatment. If modern treatment is of no avail, why should we cling to it with so death-like a pertinacity? Echo answers, why? It should ever be the aim of the scholar to

learn to unlearn what has been learned amiss. We have been learning amiss. Let us correct the error and mend our way.

Two theories, in particular, have been held in the past as explaining the presence of tuberculosis. Let us consider these for a moment:

1. Altered condition of blood originating in a perversion of nutrition, or tubercle, an exudation.

2. Increased cell development and multiplication of the included nuclei, or tubercle, a new growth.

The second or cell growth was held by the world-renowned Virchow, but repeated investigations by careful histologists have failed to find said growth. The supporters of this theory have therefore been few.

The perverted nutrition as found in the first theory is said to be owing to many causes, viz., vitiated air, imperfect assimilation, hereditary taint, etc.

Please notice that vitiated air, imperfect assimilation, hereditary taint, etc., bring in a large field of disease. It seems to the writer that when so many causes are assigned as producing one and the same thing, viz., tuberculosis, we should carefully scrutinize, for such occurrences are rare. It is something as with the vender of medicine who has a remedy for the nomenclature of disease. One is apt to be suspicious of its intrinsic worth.

The writer believes faulty or imperfect aëration produces an altered condition of the blood. It is altered, first, in that the venous blood is not properly changed to arterial; second, in that the chyle is not properly transformed into blood corpuscles. This blood flowing to every part of the system causes or induces the constitutional disease known as tuberculosis. For mark, as already stated, tuberculosis is never a local disease.

(a) Vitiated air may produce this same condition of blood or system.

(b) Heredity may allow this faulty aëration or condition of the blood.

(c) Imperfect assimilation, etc., etc., we think have nothing to do with the condition named.

We also take the liberty at this time

to state that whatever destroys or hastily eliminates the red corpuscles remaining in the system hastens the progress of the disease, as child bearing, excessive venery, etc. The reason is obvious. Perfect blood is being formed slowly. The hasty destruction of red corpuscles from any cause leaves the system in a state of famine, which is slowly overcome. It is in this state the tubercle bacilli naturally enter the system and grow. I ask any fair-minded and candid man, do they cause the disease? Is not the soil prepared before the vegetation takes root? If so, should we control the soil do we not control the disease? Herein lies the secret of the control of tuberculosis. Herein lies the secret of the ameliorated condition of mankind during the last decade. Our life has afforded a better aëration of the blood. Afford a still better aëration and the disease tuberculosis is more fully controlled. Can we control perfectly? Knowledge in this instance is power. Power gained in an avenue of life means greater insight in future trials. Let us take courage and press steadily on.

The question may be asked, what change takes place in perfect aëration? It is known in the change of venous blood to arterial, the dark red becomes a bright red. Gray, the anatomist, tells us this change is due to the oxygenation of the iron in the blood. Spectrum analysis shows this. In regard to the change that takes place in the chyle in the formation of red corpuscles we have little definite information. It is thought at present the white corpuscles are formed in the lymph ducts or glands, while the red are formed direct from the chyle. Certain it is, chyle is not blood; certain it is the fluid is still chyle when it enters the venous circulation. Passing directly to the lungs, it leaves them as blood. The change or conformation takes place during aëration. In the absence of further light we assume aëration changes chyle to blood. It is when an imperfect blood is formed, or, in other words, it is when there is an imperfect aëration, that the bacilli take root and grow. The imperfect aëration

in every instance precedes the vegetable growth, or the soil precedes the growing plant. The vegetable growth, then, may modify the disease, but *is not the cause of it.*

The construction of the thoracic duct in being single, while many organs are placed in pairs; the plan of discharge, in that it commonly empties its contents into the left vein and not into the right, or both, are among the anatomical peculiarities of this alone. The commingling of the chyle with blood already devitalized and with the bulk of the body's lymph; the passing of the united stream to the lungs to combine with the oxygen of the air, shows a wisdom of construction seldom seen. The exact change that takes place is not known, but the combined stream continually flowing gives life and vitality to the whole organism. We feel assured that when any change occurs in this current either by man's device or folly, the entire system must suffer. *It is no local disease.* In point of fact, this is what is seen in surgery. Remove a tuberculous mass from any part of the body—does the wound heal readily? Is the disability removed entire? *In no case is this true*—plain evidence to the writer that tuberculosis is not a local disease. Treat the subject constitutionally; give him, in so far as possible, a perfect aëration of the blood, and I pledge you the patient in every case will receive a benefit.

It is these little things which tell us plainly the law of tuberculosis must be true.

I REGRET some surgeons yet cling to amputation of the cervix for cancer of that portion of the uterus. Its employment for that purpose is not as encouraging or reasonable as attempts at making an ocean from separate rain drops. It has done much, too, toward generating opposition to surgical treatment of this disease.—W. BOVRE.

IN burns about the neighborhood of the joints, keep the limb flexed if the burn is on the extensor side, and extended if the flexor side is affected.—*International Journal of Surgery.*

FISTULA.*

BY GEO. B. EVANS, A.M., M.D.,

DAYTON, O.,

RECTAL SURGEON TO ST. ELIZABETH HOSPITAL; FELLOW OF AMERICAN PROCTOLOGICAL SOCIETY; MEMBER OF OHIO STATE MEDICAL SOCIETY; MEMBER OF AMERICAN MEDICAL ASSOCIATION.

The affection known as fistula in ano is perhaps, after hemorrhoids, the most common of all surgical maladies. The disease was accurately described by Hippocrates and other ancient writers, and the etiology as given by them in a large measure holds good to-day. For several hundred years after the Christian era little was written about fistula. The earliest notable case of this disease on record is related in one of the New York medical journals, in an able essay by Dr. William Bodenhammer, as that of "an eminent Christian lawyer named Innocent, who, in the year 388, visited at Carthage, which was then the famous African city of antiquity. The original account of this unique case is given in full and vouched for by that able and devout prelate, St. Augustine, who was present and witnessed the event. St. Augustine landed at Carthage about September, 388, and while there lodged for some time in the house of a virtuous lawyer named Innocent, and was witness to his miraculous cure of a dangerous fistula. The patient had undergone operations by the best surgeons of Carthage and Alexandria, but there was a sinus deeper than the original sore, which had been overlooked, and consequently their efforts to cure the patient were failures. The patient, with several of his pious friends, fell on their knees and prayed that God would mercifully preserve him from this great danger. St. Augustine, who was also one of the company, relates how the surgeons came the next day, and he who was to perform the operation took off the bandages, and to the astonishment of all who had seen the wound before, found it entirely healed and covered with a firm scar."

It may be observed as a very singular fact that, after reading what has been

* Read before the American Proctological Association, held at Washington, D.C., May 2, 1900.

written upon the subject of anal fistula by physicians and surgeons of the fifteenth, sixteenth and seventeenth centuries, we are naturally led to believe that, like leprosy, anal fistula had always been considered incurable, and that the victims of it had concealed their trouble.

Previous to the year 1687 the fistula in ano had almost sunk into oblivion, and was scarcely ever seen or heard of, in consequence of a false delicacy in those who had it in not making it known. The reason for this was that the victims regarded it incurable except by the use of the knife. Physicians and surgeons of eminence, whether ancient or modern, have always regarded it as amenable to proper treatment; indeed, there never was a time in the estimation of any reputable surgeon of any period that fistula in ano could not be cured unless complicated with some incurable disease. The question then arises, what prevented the subjects of this malady from seeking relief? Was it false modesty, or was it fear? No doubt the preparations, the severity and the danger attending some of the measures or methods of treating this disease as devised and practiced by the ignorant pretenders kept the subjects of it from submitting to it; consequently, these patients concealed their trouble rather than submit to treatment, especially as fear and pain could not then be annihilated by anesthetics.

It is not easy to perceive how the disease named fistula in ano has become so well known to the public, and why the slight incision required for its remedy is performed in the theater of the hospital with all pomp and circumstance of a great operation. The mere frequency of the complaint, and the unpleasant nature of its symptoms, are not sufficient to account for this; while its hidden seat and the disagreeable feelings connected with it, so far from favoring exposure, must tend to conceal the knowledge of its existence, as well as the means employed for its treatment.

Under these circumstances the interest taken in fistula, both by the profession and by the public, can be ascribed only to the well-ascertained fact that

the disease does not admit of remedy except from an operation, which was formerly one of great severity and even of considerable danger.

It is not perhaps very extensively known that Louis XIV of France was one of the first to undergo the ordinary operation of fistula—that is, of slitting up the fistulous tract with the bistoury. It may not be amiss to know something of the operation upon this prominent person, and I therefore thought it best to look up the history of the subject. He had been suffering from fistula in ano for years. The historian tells us that in the year 1687 there arose near the King's anus a small tumor inclining near the perineum; it was neither inflamed nor very painful; it grew slowly, ripened and broke of itself because the King would not suffer Monsieur Felix, his principal surgeon, to open it as he proposed. This small abscess was attended with the usual consequence of those not sufficiently opened to admit of the application of the proper remedies to the bottom of the cavity. There was only a small orifice through which the pus made its exit; it continued to suppurate, and at last became fistulous. The only way left for curing it was by manual operation, but the great cannot always be made to submit.

“He was unwilling to undergo the operation which his medical attendants told him was necessary, but listened to various proposals for curing the disease without having recourse to the knife. Instead of trying these methods on his own person, however, he collected a great number of his subjects who labored under the same infirmity, and caused the proposed experiments to be tried on them. Some of them he dispatched to the waters of Bareges, others to those of Bourbon, and many more he shut up in rooms provided with everything that could be suggested for the purpose in view. Under the direction of his surgeon the necessary injections of these various waters were injected into their fistulæ for the space of one year, and at the end of this time they were no better. After all the various waters and ointments had been tried he consulted Monsieur Bessiere, who,

after careful examination, informed his Majesty that all the remedies in the world would prove vain without a manual operation. At last his Majesty consented to have this done, and on the 18th of November, 1687, the noted operation was performed. M. Felix was the principal, and chose as his assistants M. Bessiere, Drs. Daquin and Fargon, four apothecaries and M. Raye, an apprentice to M. Felix. We are told that the operation was well done and the King perfectly cured. His Majesty royally remunerated all those who rendered services. This was certainly a royal day for the surgeons, when we know that M. Felix received \$30,000; Dr. Daquin, \$20,000; Dr. Fargon, \$5,000; M. Bessiere, \$7,500; M. Raye, \$1,000; and each apothecary \$2,500 for their services, making a total of \$73,500 in fees."

We have here a striking illustration of the operation, and the importance attributed to its performance as formerly practiced may be estimated from the number of medical men who were present on the occasion, together with the amount of their remuneration. Then the disease at once became fashionable, and a vast multitude of cases suddenly appeared, and, after the King's example, every one made a voluntary and open confession of this once secret disorder.

The history of these two cases was exceedingly interesting to me, and yet we have the same prejudice to contend with in our rectal work to-day. Quacks and advertising specialists do a large per cent. of the work, but the tide is changing. Twenty-five years ago the professional mind was directed to major operations, and the amphitheatres of our hospitals were crowded to see abdominal sections; for the past ten years rectal surgery has been taught more carefully and thoroughly. We found comparatively few well written papers on rectal diseases previous to 1890, and those were from the pens of a very few recognized rectal surgeons. The interest is gradually growing among the profession, and to-day is one of the recognized specialties. The prejudice of the laity against wholesale operations upon

the rectum is great; the occasional evil results of too much surgery about the rectum has been multiplied by these advertising quacks, but the major portion of these failures have been the result of work done by men of no experience, and who have had little or no training from the masters, and rather than send a patient to a recognized surgeon, whether he be a specialist or general surgeon, will attempt to do the work himself. The operation for fistula requires the greatest skill to prevent incontinence, stricture, hemorrhage, shock or septic poisoning.

Can fistula in ano be cured without cutting? My experience teaches me it cannot. The inefficacy of all remedial measures except the knife for curing fistula still remains unquestioned, unless by inaccurate observers or unprincipled empirics. In order to understand the true principles of treatment which have been finally established, we must consider the origin of fistula, the causes that give rise to it, the symptoms attending it and the treatment. In the first place, a collection of matter is formed under the integuments of the hip near the anus, and usually to one side of it. This deposition sometimes occurs quickly, with heat, redness and pain of the part; at other times slowly and insidiously, without any sign of inflammatory action, so that the first circumstance which attracts attention is a flat and ill-defined swelling that results from the pressure of fluid, together with thickening of the adjacent cellular tissue. In whichever of these ways the abscess is formed, and every variety is met with, from that of a few hours to the slowness of as many months, the matter, if left to itself, sooner or later, by inducing absorption of the neighboring tissues, makes a way for itself to the surface; but as it is situated between the skin and the mucous membrane of the rectum, it may effect evacuation through either the one or the other of these coverings, and it is generally through the external integument. This opening is usually very small, often hardly perceptible, and if the cavity be examined after its contents have been discharged we will be amazed to find how closely the mat-

ter has traveled to the mucous coat of the bowel and not penetrated it, but, on the other hand, has pursued its way through the cellular tissue and through the skin. If the patient has been previously in pain he feels comparatively well after the pus is evacuated, and may suppose that he is to recover without any further trouble. But the cavity of the abscess, though it contract, does not become obliterated; the discharge continues of a thin and watery consistency, and the orifice acquires a still greater degree of straightness, at the same time generally projecting from the surface of the skin in the form of a small pimple-like protuberance, at the summit of which it is situated. This appearance is owing to an effusion of organizable matter around the opening, in consequence of the continued irritation which is caused by the discharge passing through. From the same cause the sides of the sinus acquire an increase of thickness and density so as to assume the condition which in surgical language is designated fistulous. If the disease is still permitted to pursue its course unchecked, a small opening is sooner or later formed also through the thin denuded part of the mucous membrane of the rectum. It may seem surprising that this second opening should be found after the pus has procured vent elsewhere; but there can be no doubt as to the fact, and it agrees completely with what is observed to happen in the case of abscesses situated in the neighborhood of the urethra, which, after their evacuation, whether spontaneously or artificially, often discharge purulent matter alone for a time, and then urine also. There are some to-day who believe this disease is incurable, and others that if the fistula is healed and the discharge stopped some internal organ will suffer from the pent-up matter. For these reasons many persons go through life suffering great pain and annoyance, who have but a simple fistula that could be speedily and easily cured, and with very little pain at that, if they would only place themselves in the hands of some competent surgeon and be operated upon.

In this paper I do not intend to

burden you with definitions, but leave that to be studied in the various textbooks on the subject; but rather have I tried to direct our thought to the history, cause and character of this disease.

A fistula which is not due to ulceration and perforation of the rectal wall from within is the result of a previous abscess, due to an inflammation, and that the result of traumatism. That traumatism may be inflicted by a fish-bone, or nut shells, or it may be due to a fall and striking upon the buttock. Or, again, as I have seen in three cases, due to the treatment by injection of carbolic acid in the treatment of internal hemorrhoids. In one patient I found the fistula due to caries of the lower portion of the sacrum and the coccyx, the history and treatment of which I will give further on.

The process which has been described as leading to the formation of fistula in ano occurs in both sexes and at every time of life. Allingham has operated upon an infant in arms and upon a man of seventy-eight years. Gross mentions four cases in children; in the youngest the disease appeared at six months, and was double, each fistula having been preceded by an abscess. Its duration may extend through many years, for the suffering does not force the patient to seek relief. A fistula may, but not likely, get well spontaneously. Allingham refers to no less than fourteen instances in which the disease got well after his examination without treatment, or by the use of very simple palliatives. This naturally leads us to consider the prognosis of anal fistula, and to ask ourselves what other results are to be expected besides the rather remote chance of spontaneous cure in case no treatment whatever is undertaken for the cure of the disease. It may be answered with confidence that in the great majority of cases fistula not only persists indefinitely, but that, as a rule, tends to grow worse by burrowing, and by the formation of secondary abscesses, new tracks and new orifices. Moreover, there is a possibility that it may increase in extent to such a degree as to render an operation for its cure so

serious, from the number of incisions required, as to impair the retentive power of the sphincters, or even to endanger life, and thus to get beyond remedy.

It appears from the records of surgery that the treatment of fistula in ano, until within the last one hundred years, was extremely complicated and severe. The induration surrounding the walls of the sinus being attributed to a peculiar morbid action in the part, it seemed to admit of no remedy except by destruction or removal; and the cavity itself was thought to require complete division of the gut throughout the whole of the extent affected, with subsequent dressings of the most careful kind. In conformity with these principles, we find that after the patient had been prepared by bleeding, purging and regulated diet, corrosive sublimate, or other powerful escharotics were introduced into the fistula, so as to bring away a slough in the form of a cylinder; that pieces of gentian root or sponge tent were next inserted to dilate the cavity, and, by thinning the partition between it and the gut, facilitate the dividing the septum to its farthest extent; and that until the cure was completed, various medicated dressings were daily carefully introduced. Such being the established principles of practice, some, instead of the slow and uncertain action of caustics, employed a knife for removing callosities, either scooping them out at once or cutting freely through them in several directions, so as to inflict what was deemed sufficient injury to insure their destruction by sloughing or suppuration. Some divided the septum between the gut and sinus by means of knives or scissors, others thought best to transfix the gut with a needle, armed with ligature of thread or wire. The treatment thus conducted was not only tedious and painful, but often attended with alarming consequences. Inflammation and constitutional disturbances were apt to follow, and the extensive incisions practiced for the removal of callosities, or dividing the septum of a deeply penetrating sinus, frequently occasioned very formidable hemorrhage,

as well from its amount as the difficulty of arresting it.

The cure, moreover, was not always complete, a discharge of pus still continuing in consequence of the deep wound not healing from the bottom, and often the effect of freely cutting out the diseased parts was frequently so injurious, or rather so destructive to the sphincters, as to cause constipation as well as incontinence of the bowels, the solid contents being retained and the fluid expelled involuntarily. It is no wonder then that fistula in ano came to be regarded as a complaint meriting the most serious apprehension of the patient.

In 1765 Mr. Pott published an excellent treatise in which he condemned this practice of destroying the callosities by caustics, and cutting them out with the knife, which proceedings he considered equally unnecessary and hurtful.

In my practice to-day, where the patient presents himself with an acute inflammatory swelling indicative of abscess, I always make a free incision into the part, whether I find fluctuation or not, and then apply hot fomentations and pack the cavity loosely with gauze, leaving the gauze until suppuration has taken place; then the cavity is washed out with bichloride, 1 to 3000. If the patient presents himself with a well-established, complete fistula, the tract is dissected up carefully with the probe, pointed grooved director as a guide, looking carefully for a branch or branches. If the director fails to enter the rectum proper I push it through and then hunt for an internal opening. The tract is then thoroughly cleaned out with a curette and loosely packed with gauze and renewed every day, if necessary, until the wound has healed. I am aware that some surgeons advise the closing of the wound with deep and superficial sutures; I have tried this plan, using the greatest of care, not only in the work done, but in the selection of materials used, and have always failed. If the case is one where we have a complete fistula on either side of the gut I am careful to cut the sphincters but once and then

make the track on the other side quite large so that I may be able to pack the second track with ease and heal the wound from the bottom. In the superficial fistula I follow the plan as advised by Kelsey, viz., after the second or third day I discard all packing with gauze and simply keep the rectum clean and insert my finger into the rectum; thereby you are not so likely to disturb healthy granulations and thus retard the recovery of your patient.

To me the most important thought connected with this paper is, what relation does fistula in ano bear to phthisis, and what course it has to pursue? In certain cases of Bright's disease, cancer, cardiac disease, etc., all surgical interference may be plainly contraindicated; but the question is most apt to arise in connection with pulmonary affections. This subject is of the greatest importance, and except Allingham, Kelsey and Mathews the different authors have given it but little attention. The majority of writers upon fistula have simply expressed the opinion that fistula in phthisical patients should not be interfered with, generally contenting themselves by stating that if an operation be performed the wounds will not heal and the patient's life be shortened. Some men claim that fistula has the power of arresting the lung disease, or at least of retarding the disease; if this be true, then why not make a fistulous track in all our phthisical patients?

Kelsey says: "There can be little doubt that phthisical patients are especially predisposed to fistula, and, when not due to a deposit of tubercle, the reason is probably in a great measure a mechanical one, depending upon a loss of fat in the ischio-rectal fossa, and a resulting loss of support to the hemorrhoidal veins. From this, then, results a nervous congestion and final dilation or rupture of the vessels, which, with the cough and concussion, leads to abscess. I believe it to be a safe rule to operate on phthisical patients as upon others, being led by the idea that one exhausting disease, phthisis, is better than two, phthisis and fistula." Only once has he seen the cure of fistula followed by a marked increase of the

lung trouble, and even in such a case the relation of cause and effect cannot be established.

Mr. Quain says: "When the symptoms of tubercular disease of the lungs are present the operation for fistula is not allowable."

Mr. Erichsen, in his "System of Surgery," objects to the operation save in a few picked cases.

In Holmes' "System of Surgery" the subject is dismissed with this observation: "If a fistula be cut when a patient is suffering from phthisis, the wound, in the majority of cases, will not heal."

Dr. Theophilus Thompson states that the coexistence of fistula with phthisis appears to retard the progress of the latter disease, acting as a derivative.

These quotations have been taken from Allingham's latest work, who says: "When we find an opinion so decidedly and generally expressed by men of acknowledged ability and experience of the subject on which they treat, we very naturally hesitate to call in question their judgment; on the other hand, we should never be prevented from inquiring carefully and diligently as to the grounds upon which that conclusion has been based."

It is obvious to every one that to operate upon a patient with well-advanced phthisis would be not only cruel, but bad surgery, and hasten his death; but there are some cases of phthisis that are not so destructive as others, and we know that there are cases which at one time exhibited evidences of the breaking down of pulmonary tissue, the formation of cavities, etc., ultimately recover and attain a fair old age. I am quite certain that there are many persons who have phthisis complicated by fistula, who, because they have phthisis, have nothing done with their fistula, and who, in consequence, are wretched, when they might be rendered more comfortable by an operation by a skillful surgeon.

Fistula in patients who have a predisposition to phthisis commences by a breaking down of the connective tissue beneath the mucous membrane of the rectum. A small abscess is thus formed

which makes its way into the rectum. Phthisical people are usually poorly nourished and have very little power of resistance against any injurious influence. Inflammation due to trauma in robust, healthy persons would result only in the effusion of plastic material, while the same injury in phthisical patients, and the want of fat in the ischio-rectal fossa and neighborhood, would result in the formation of an abscess.

Fistulæ in tuberculous patients have some peculiarities; they generally undermine the skin and mucous membrane rapidly, but do not burrow deeply. The internal opening is large, as also the external, which is irregular and ragged, and you can introduce your probe into this aperture and sweep it around to a large area, and often see the point beneath the skin, so thin is it. The discharge is thin and watery, and very rarely purulent, but very irritating. The sphincters are very weak, and upon passing your finger you meet with very little resistance, and from this fact we should learn this lesson: deal gently with the sphincters of phthisical patients.

During the past ten years there have been over 600 phthisical patients admitted to St. Elizabeth Hospital, at Dayton; during the past six years I have operated on 198 cases of various rectal diseases in the charity wards; 42 have been for fistula, and 7 of these have been without a doubt tubercular; 2 of the 7 died after several months of comparative comfort. The operation was simply to effect drainage and thereby procure cleanliness. Both patients thanked me for what I had done, and said they were much more comfortable. In neither case did I disturb the sphincters.

To recapitulate: Let acute phthisical patients, especially with a bad cough, alone, or at least let your work be simply palliative. In all chronic cases under favorable circumstances we may attempt a cure. After the operation give him all the fresh air and sunlight possible; a liberal supply of milk, cream and tr. ferri chl. Encourage drives in the country, with the patient well protected against cold.

In conclusion, I desire to relate the history of two remarkable cases. The first is interesting from the fact that the sphincters were cut three different times, and yet he had control of his stools.

CASE I.

Lewis Mc., entered St. Elizabeth Hospital September 29, 1893, with complete multiple fistula. Operation the same day, his bowels having moved thoroughly by means of salts and enemas several days previous. The several tracks were slit up as is usually done and wounds packed with iodoform gauze every second day. The tracks had to be stimulated by silver solution of various strengths, varying from twenty grains to the ounce of water to the pure silver stick, owing to the profusion of unhealthy granulations. Tubercle bacilli were found in the curettements at various times. He was given drives in the country and liberal quantities of milk and cream, with tr. ferri chl. He was discharged May 1, 1894, cured, with good control of sphincters except when he had a diarrhea. Up to this time he was free from any lung affection. January 1, 1895, wound healed, but died three years later with pulmonary tuberculosis.

CASE II.

Eugene C., occupation brakeman, aged forty-five. Admitted to St. Elizabeth Hospital June 1, 1894, with a syphilitic history. He had multiple fistula. Operation June 4. Each track was dealt with as in the previous case, except that buried cat-gut was used in the deep sinuses and the external wound closed with sterilized silk sutures. The wound failed to heal, and he was discharged improved July 3. Readmitted September 22. This time the tracks were treated as open wounds and packed with iodoform gauze every second day. He was given a liberal diet and tr. ferri chl., and did fairly well. December 1 a small abscess was discovered in the region of the coccyx. December 5, under an anesthetic, the coccyx was cut down upon and found to be diseased, also two rings of the

sacrum. These were removed and the wound thoroughly curetted and packed with iodoform gauze, which was renewed every second day. January 25, 1895, patient doing well and almost healed. March 1, all sinuses closed. Discharged March 4, cured. January 11, 1896, patient still well and has absolute control of sphincters.

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Urethral Stricture.

If a patient suffering from urethral stricture has chills every time you pass an instrument, notwithstanding the fact that you are certain that your sounds are perfectly sterile, give up dilatation and cut. The patient will probably have another chill after the operation, but, as it is of nervous origin, in all probabilities, the danger is very slight, and the subsequent passing of sounds will commonly be accomplished without further trouble.—*International Journal of Surgery*.

IN dislocation of the astragalus the bone is either *partially* or *completely* separated from its surrounding articulations, and if a wound exists, and any portion of the bone protrudes, it is compound. The direction in which the bone is displaced is specified by the terms forward, backward, outward, inward, etc.—H. G. CROLY.

IF the gall-bladder is so seriously diseased as to warrant a surgical operation for its relief, it is better practice to remove it *in toto* than to leave it as a place for further accumulation of gall-stones, or as a point for the setting up of new inflammations.—C. CUSHING.

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CINCINNATI, JUNE 16, 1900.

Editorial.

THE BLOOD IN CANCER OF THE STOMACH.

As a general rule, to which, however, there are not a few exceptions, the blood of a patient afflicted with gastric carcinoma shows the ordinary characteristics of a simple or secondary anemia. On the one side, the reds may be normal or even above the normal line, as when continued vomiting exists or where a greatly dilated stomach drains the blood of its liquid elements; on the other, the changes may closely resemble those of a pernicious anemia. Errors in this regard are not infrequent, particularly where the stomach tumor is small and is situated high up, beyond the reach of palpation; the examination of the stomach contents would not be of much assistance, as occasionally cases of pernicious anemia may show an absence of hydrochloric acid and the presence of lactic. Nor can the differentiation line of Henry—that the red corpuscles in cancer of the stomach do not go below 1,500,000, while in fatal pernicious anemia the count is always

below 1,000,000—be relied upon. We must, then, turn our attention to a consideration of the blood corpuscles themselves. The characteristic of the blood film of pernicious anemia is the great irregularity in the size and shape of the red cells—poikilocytosis, as it is called—and the presence of various forms of nucleated red cells, of which the greatest stress for diagnostic purposes must be placed upon the megaloblast. In carcinoma ventriculi this irregularity is not nearly so pronounced, if present at all, and is principally in the formation of under-sized reds or microcytes. Nucleated reds, while nearly always present in severe cases of gastric cancer, never attain large size; in other words, the typical megaloblast is never present in uncomplicated cases. We would naturally expect from the presence of great numbers of small red cells in the blood of the cancer patients that individual color richness would be lowered; or, in other words, that the hemoglobin would be even less than the red count would give us reason to expect; to proceed still further, that the color index would be lowered. Such, indeed, is the case, and in this we have one of the most important points in the differentiation by the blood between gastric cancer and pernicious anemia; in pronounced cases of the latter the color index is always above normal.

The study of the leucocytes brings out nothing of importance. The myelocyte is not necessarily present only in the malignant anemias; these cells have been typically found in many of the various forms of the secondary anemias. Nor can the absence of a leucocytosis following the digestive function be regarded as an evidence of stomach cancer. Any severe functional or organic gastric trouble, such as might be present in a pernicious anemia, would

possibly prevent this normal increase in leucocytes.

More pregnant than all discussion, is the following curious case lately¹ reported by Osler, in which it is extremely difficult, if not impossible, to reconcile the facts presented:

"In Hospital Six Years Before with Pernicious Anemia; Gradual Recovery; Second Admission with Loss in Weight and Vomiting; Presence of a Tumor in the Epigastrium and the Characteristic Features of Cancer of the Stomach."—One case of the series—W. M., who was admitted on July 9, 1896, with gastric symptoms and a definite stomach tumor—had been in the hospital with pernicious anemia six years previously. He was first admitted in 1890, when the diagnosis of pernicious anemia was made. He then had a blood count of about 1,000,000 red corpuscles. After a stay in the hospital of eight months he was discharged with a red count of 4,900,000 and hemoglobin 92 per cent. On a second admission for diarrhea in 1892 his count was in the neighborhood of 3,000,000. His general health was good. On his last admission he complained of 'sick stomach.' He gave a history of having been very well since his admission in 1892. The present trouble began only about one month before admission. He thought it had been brought on by his having drunk very cold beer when he was overheated. Vomiting began, which had been nearly continuous. Examination showed a gastric tumor, absence of hydrochloric acid, and presence of lactic acid in the stomach contents."

M. A. B.

CHRONIC APPENDICITIS AND DISEASE OF THE RIGHT ADNEXA.

While considerable attention has been paid to the differentiation of the diseases involving the lower right abdominal region, until very recently the coincident association of these affections has been, comparatively speaking, neg-

¹ N. Y. Med. Journal, May 19, 1900.

lected. Cases are being reported of late, and our own Academy has contributed not a few, of various operative procedures on the female pelvic viscera in which a diseased appendix has been haled from its adhesions on the way out. Usually coincident chronic appendix disease has not been suspected, there being no *characteristic* sign or symptom, the pelvic disease completely masking obscure symptoms that might otherwise have called attention to the appendix. There is one point, however, upon which considerable stress might be placed: the general breaking down and anemia of the patient out of all proportion to the physical signs.

The condition that presents itself on opening the abdomen varies. In many instances the right adnexa, together with the appendix, are bound into one mass by strong adhesions; in these cases the appendicitis is usually secondary and by direct contiguity of tissue. More obscure are the cases in which, while both are diseased, now one, now the other, seems to dominate the situation, and operation show the organs separated from one another by considerable healthy tissue—in other words, an apparently common origin of the chronic inflammation. Edebohl has stated in an elaborate article that this common origin depends upon general relaxation of the abdominal supports.

The practical outcome of all this is, of course, that whenever possible the appendix should be examined, and, if necessary, removed, in all operations upon the right ovarian region, and *vice versa* where the chronically diseased appendix is the point of attack. To do this in all cases, it would seem necessary either to operate always in the median line or to devise some other incision than the ones now employed to more readily explore both regions.

Another point of some importance is that with the increasing frequency of recognition of these combined chronic inflammations, attack upon the right adnexa by way of the vaginal route will be of less frequent occurrence than at present. The pendulum will again swing the other way. M. A. B.

A CHINESE FOUNDLING ASYLUM.—One of the greatest of Chinese wickednesses, and one which missionaries are constantly deploing, is child-murder. The photograph here reproduced shows a number of foundlings left at the door of that magnificent Italian institution, commonly called the "Girls' Orphanage," at Hankow. The institution now consists of five blocks of main buildings two stories high. The number of inmates is seldom less than a thousand, and up to the present time 94,650 taels (£12,000) have been spent on grounds and buildings. The expenses amount to about 200,000 francs per annum, and this is contributed mainly by France and Italy. Females of all ages are admitted to the orphanage, from a baby to an old woman; though the institute prefers to have them when they are young. The inmates come in many different ways, and for many different reasons. The babies are received much in the same way as in all foundling hospitals. Baskets filled with hay are placed on the veranda at the front door of the orphanage, and the mothers who bring the children deposit them in the baskets. There is always a Chinese watchwoman on the lookout for these waifs of humanity, and as soon as they are noticed they are taken in and attended to. Notwithstanding all the attention bestowed upon them, the mortality amongst the foundlings is very high, and if ninety out of a hundred live it is considered very good. Even after babyhood is past the foundlings require constant care and attention, and have to be treated with cod-liver oil and maltine until they are five or six years old. And this, of course, means that had they been left to the tender care of their Chinese mothers not one of them would have lived. It is a well-known fact that the percentage of female Chinese children who die is enormous. Girl-babies are not a desideratum in a Chinese household, so that when too many come along they are got rid of. Parents who are not devoid of all natural feelings bring their children to the orphanage and leave them there. On several occasions babies only one day old have been left in the baskets; and it is no great wonder that such frail morsels of humanity succumb to the effects of such unnatural treatment. There are no fewer than five hundred nurses in the institution. All kinds of curious precautions are taken to prevent the babies from getting mixed up, each child having a special collar fastened round its neck.—*The Wide World*, London, May, 1900.

In Memoriam.

JAMES T. WHITTAKER, M.D.

BY J. C. M'MECHAN, M.D.,
CINCINNATI.

Upon the altar of admiration which will be raised to the memory of Dr. James T. Whittaker, I desire to place a small literary contribution.

When a distinguished man dies, all his friends have something interesting to relate about his life. What one friend would relate would be but a very imperfect biography, but what all of his friends would relate would be almost a perfect history of his life.

When I was a boy, and still attending the preparatory department of the Miami University, James T. Whittaker was in the graduating class of the university. At that time he was a pale, delicate-looking young man, and yet the impression among the students was that he was a very brilliant student. Most of the students in those days lived in the north, south or east buildings, but Whittaker, with several other students, occupied a cottage in the campus, some distance from the other buildings. Oxford, Ohio, where the Miami University is located, is an ideal college town, and the campus where the university is located is one of the most beautiful places on earth. It consists of twenty acres of woodland, with open spaces here and there covered with grass. At this romantic place James Whittaker passed four years of his life, and

"Nourished a youth sublime
With the fairy tales of science amid the
long elapse of time."

There is no doubt that at this institution James Whittaker laid the foundation of his future learning and distinction by his industry as a student. In the same class with Whittaker was Calvin S. Brice, who, as a student, exhibited no special talent, and no one who knew him would have predicted that he would become one of the greatest of railroad magnates of our country and a United States Senator. As far as learning was

concerned, Whittaker was by far the more brilliant of the two. Both men became noted and distinguished, but of the two I would rather have become a Dr. Whittaker than a Calvin Brice.

The reputation that Dr. Whittaker made for himself in the medical and literary worlds will live for many years after his death, while that of Calvin Brice will soon be forgotten.

Dr. Whittaker graduated with high honors from Miami University, and then for several years I heard nothing of him.

In 1867 I began my studies at the Medical College of Ohio, and what was my surprise and delight to find James Whittaker also a student there. He had been in the army and navy and had graduated from the Medical Department of the University of Pennsylvania since I had seen him at Oxford. His main object in attending the Ohio College was to graduate there, in order to become an interne in the Cincinnati Hospital. He soon began to take a very active part in medical matters at the college. When a professor would quiz the class and no one else could answer a difficult question, Whittaker invariably would come to the rescue with the correct answer.

At this time Paget's "Surgical Pathology" made its appearance, and Dr. Blackman, Professor of Surgery, lectured a great deal on the theories advanced by Paget, and frequently he and Whittaker would discuss these theories in the presence of the whole class. It was certainly very interesting to hear Dr. Blackman, one of the greatest surgeons of his day, asking a young student like Whittaker questions on the most difficult subjects, and then discussing the questions with him. He must have recognized in the pale-faced, delicate young student of that day the distinguished physician and teacher of the future.

There is nothing more interesting than to see a great and distinguished man showing a very young student of the same profession a great deal of attention and deference. It is certainly the highest compliment he could pay him.

After graduating at the Ohio College Dr. Whittaker became an interne in the Cincinnati Hospital, and after fulfilling the duties of that position for one year he went to Europe and spent two years in study there. While abroad he became very proficient in German and French. He had a great fondness for languages, and acquired them with wonderful facility. He became so proficient in German, indeed, that many Germans who met him took him for one of their own countrymen. He was attending an old German lady at one time, with whom he always spoke German. After several weeks of attendance the old lady said to Dr. Whittaker one morning: "Herr Doctor, ich kann Ihnen sagen wo sie herkommen aus Deutschland. Sie kommen von Giesen. Ich kann es an der aussprache hoeren." (Doctor, I can tell you from what part of Germany you come. You are from Giesen. I can tell it by your pronunciation.") She really thought Whittaker was a genuine German.

At another time the president of a noted theological seminary was being examined by Dr. Whittaker for some mental trouble. Dr. Whittaker not only examined him in the usual way, but tested his memory in Latin and Greek, and examined him in those languages more thoroughly than the president had ever been quizzed before. Some friends who were present were simply astounded by the doctor's knowledge of these languages.

Upon Whittaker's return from Europe he became connected with the Medical College of Ohio. From the position of assistant he soon was promoted to a professorship, and at once became a favorite with the students. At the first commencement exercises after he had been appointed a professor in the college he was selected to deliver the address to the graduating class. A large audience filled the spacious Pike Opera House. When Whittaker arose to speak that night he was known to but few of the audience. When he closed his address the majority of the audience regarded him as one of the greatest speakers to whom they had ever listened. That night was the beginning of a fame

which he continued to make more notable to the time of his death. I cannot recall the subject of his address, but I remember that it was one of the most beautiful to which I had ever listened. When he spoke his words were so brilliant that diamonds seemed to be dropping from his lips.

In his address he united the scientific, romantic, the beautiful and sentimental, and at its conclusion the audience was spellbound. There is no doubt that this address made many friends for him, friends who in time became faithful patients. Throughout his life his addresses were always highly entertaining, as he was always certain to say things that were new to the audience.

As a lecturer he became very popular at the college, as well as at the Academy of Medicine. If anything new was discovered in the medical world, Whittaker was the first to know about it in Cincinnati. He was familiar with all the latest medical literature, and he knew as well what was going on in Paris, Vienna and Berlin as in Cincinnati.

Whittaker was a progressive student in bacteriology, and did much to further the spread of that science in America. Dr. Robert Koch owed much of his fame in the United States to Whittaker's efforts in placing Koch's theories before the medical world. Whittaker was the first physician to demonstrate the bacillus tuberculosis in this country. When Koch's theory of the production of tuberculosis was attacked so violently by several noted physicians, Koch said it was not necessary to defend himself in the United States, as Whittaker was fully competent to do that for him, and right nobly did Whittaker defend the theory of the noted German scientist.

Through the writings of Whittaker the majority of all physicians in the United States have been convinced that the tubercule bacillus is the cause of consumption.

Whittaker was a voluminous writer, but the two works which have brought him the most fame were his "Theory and Practice of Medicine" and his novel, "Exiled for Lèse Majesté."

His "Theory and Practice of Medi-

cine" contained all of the latest ideas in regard to the practice of medicine, and enjoyed a large sale. His novel was one of the finest books ever written. The plot was not only interesting, exciting and entertaining, but the matter contained in the book was of great value. It seems to me the immense variety of valuable literary matter contained in "L'Èse Majesté" must have been the result of a life time's collection, and that the book was written in order that the literary world and all readers might have the benefit of the vast store of knowledge which Whittaker had gathered from myriad sources.

Without reflecting upon the brilliancy of the remaining medical profession in our city or State, I think it may be said that in the death of Whittaker we lost our most brilliant member. He was great as a diagnostician, as a teacher and lecturer, and as a writer. Although Whittaker was a genius born, yet he owed much of his success in life to his energy and industry. We have lost our noble professional brother, but we shall always remember him for the deeds of valor that he has done.

ACADEMY OF MEDICINE OF CINCINNATI.—Monday evening, June 25, has been selected especially as a memorial evening in honor of the late Dr. James T. Whittaker. Addresses appropriate to the occasion will be delivered by various speakers.

Sterilization of the Hands with Spirit of Soap.

Mikulicz (*Deut. med. Woch.*) states that the best method of sterilizing the hands known till recently is, after thoroughly washing them with a sterile nailbrush in hot water which has been previously boiled, to rinse them in alcohol. Many surgeons wash them afterwards in some antiseptic lotion, but this is of doubtful value. The disadvantages of the method, which are felt most in work among the poor or in military surgery, are the number of basins and the time required. Doderlein states that ten to twenty minutes' wash-

ing is necessary. Mikulicz, in order to obviate these difficulties to some extent, has combined the two stages by mixing the water, soap and alcohol together. For this purpose Hebra's spiritus saponis kalinus was tried but gave unsatisfactory results. The official spiritus saponitus of the German Pharmacopeia acted, however, excellently. It consists of six parts olive oil, seven parts caustic potash, thirty parts alcohol, and seventeen parts water. Experiments with the staphylococcus aureus proved that this spirit soap has a greater bactericidal power than 1 in 1,000 perchloride of mercury solution. Previous washing with water inhibits rather than increases this power. The following is the exact method employed in the Breslau surgical clinic: (1) If the hands are evidently dirty they are rubbed with sterile cotton wool soaked in the soap spirit until they appear clean; (2) the nails are cleaned with a Braatz's nail cleaner; (3) the hands are scrubbed with the soap spirit and a nailbrush, sterilized by boiling, for five minutes. The soap spirit, like lysol, makes the hands slippery. Mikulicz finds this no disadvantage, as he operates in sterile linen gloves, but if these are not employed the hands may be dried with sterile wool. The same method is equally useful for sterilizing the field of operation. Besides the time saved, soap spirit has the following advantages over other methods: (1) It is odorless, non-poisonous, and, compared with other disinfectants, unirritating; (2) it appears to penetrate the epidermis for some depth, as the hands remain sterile under thread gloves longer than with any other method, including that with alcohol and perchloride of mercury; (3) it is cheaper than the use of pure alcohol after washing with soap. —*Indian Lancet.*

FEMORAL hernia is usually constricted at the upper edge of the canal, due most frequently to Gimbernat's ligament, so that our incision should be made above the hernia, and I believe that the best exposure can be made by following the line of Poupart's ligament.—A. McLAREN.

Society Proceedings.**THE CINCINNATI OBSTETRICAL SOCIETY.***Meeting of May 17, 1900.*THE PRESIDENT, C. A. L. REED, M.D.,
IN THE CHAIR.

MAGNUS A. TATE, M.D., SECRETARY.

Case Report.

DR. C. D. PALMER: A case happened to me this morning as follows: At twelve o'clock last night I was called up by telephone from the hospital (it being my term of service there) and told that the interne had a breech case which had been *in statu quo* for several hours. I made some suggestions to him as to a change of the woman's posture, and directed him to report to me in two hours how the woman was. At two o'clock he called me up again, said there had been no progress, and requested me to come down. I found a breech case in a primiparous woman, the body of the child impacted. The lower part of the breech was on the pelvic floor. I couldn't push the breech up. I attempted then to draw it down some, but that I was unable to do. I then put the woman in Simon's posture, used my blunt hook upon each thigh, but could accomplish nothing. Then I put my hook away and used both hands. I seized hold of the junction of the thigh with the body and made traction. I never before found it necessary to make such prolonged and strong traction in any breech case. The child was born alive, and, to my surprise, the head delivered itself with unusual facility. The explanation will appear presently. I thought the delivery of the head would require use of the hands, to favor increased flexure. After delivering the child alive, I asked the interne to tie the cord and I examined the vagina and perineum. The perineum was torn slightly and the vagina somewhat obliquely. I noticed there was some arterial hemorrhage. I have in my obstetric bag a large, broad Sims speculum, which I use in these cases. I introduced the speculum, and found a stream of blood spurting from the

cervix. I tied the bleeding vessel with a piece of cat-gut, and then I noticed that the cervix was split upon both sides. There was a deep rent upon the left side up into the vaginal vault. Just when the cervix was torn I do not know, but I suppose it must have been just prior to the delivery of the head, which would explain the ease with which the head was delivered. When I examined the case, one-half of the child's body was through the cervix. With half of my hand in the vagina I could not feel the cervix. I suppose the upper part of the body of the child was above the cervix. I think the cervix was split during the delivery of the body of the child. I stitched the cervix with three large cat-gut sutures upon either side, so the cervix was completely restored, and then I repaired the perineum.

The practical points of this case are these:

First, the uselessness of any forceps or blunt hook or tractor in the delivery of the breech. I do not believe anything is as good as the hand. I never before had so much trouble in delivering a breech case.

Second, is the practicability and desirability of immediately making a trachelorrhaphy in torn conditions of the cervix. I have several times done this. I believe if we have a torn cervix, even if there is no hemorrhage from the rent, certainly if there is hemorrhage, we should repair this rent, just as we would a torn perineum. Many a secondary tracheloplastic operation can be forestalled in this very way.

Case Report.

DR. M. A. TATE: About a month ago Miss E. consulted me. She had been a patient of one of our prominent gynecologists for a number of years, and gave the following history: Suffered excruciating pain at the time of her menses, and always passed black clotted blood. After the second day she would have vomiting spells, which lasted from a half to two hours, followed by intense headache. The menses would last three, sometimes four, days, and she was left in a very nervous

and exhausted condition. Patient was a seamstress, and it would sometimes be a week before she was able to work again. She consulted a gynecologist some six years ago, and he made an operation, and stated that he had removed one of the ovaries, which was diseased.

Upon vaginal examination I found the uterus to be quite enlarged, about the size of the fetal head, and upon each side I felt distinctly the ovaries. I advised her to go to the hospital and be operated upon, which she readily consented to do. I opened up the abdominal cavity and found both ovaries present, and they were cystic. The uterus looked somewhat like a pregnant uterus of four months' gestation, and I thought I had made a serious mistake, but it had several spots upon the surface of a blue color, and very soft to touch. I am free to confess that I had never seen anything like this, and neither had the several physicians present at the time of operation. I made a small puncture with the knife into centre of one of these softened spots, and there escaped a thick white, jelly-like material, and upon enlarging the opening I obtained a large amount, at least a cup full, of this jelly-like material, and I then made a hysterectomy. Upon examining the specimen I found that there was just a skin-like capsule on the outside of the uterus, which contained this jelly-like mass, extending down to within two inches of the cervix, and that seemed perfectly normal. I put the specimen aside on the table to have it examined, and went off from the hospital and forgot to take it with me. When I telephoned for it one of the nurses that had just gone on service had thrown it away. I am at a loss to state with positiveness the diagnosis.

DISCUSSION.

DR. PALMER: How large was the uterus?

DR. TATE: It appeared about like a uterus at four months' gestation.

DR. RUFUS B. HALL: Was the material thick?

DR. TATE: It was very thick and somewhat like the white of an egg.

DR. PALMER: That was inside the uterine wall?

DR. TATE: The whole uterine wall proper was absent, and this took the place of the uterine substance, except about two inches of the cervix.

DR. EDWIN RICKETTS: What was the age of your patient, Doctor?

DR. TATE: She was thirty-two.

DR. W. D. PORTER: Could it have been sarcomatous?

DR. TATE: From the history and general appearance of patient, I hardly think so.

DR. PALMER: Did it look anything like a hydatid cyst?

DR. TATE: No.

DR. L. S. COLTER: Could you make out any mucous surface?

DR. TATE: There was no mucous surface.

DR. HALL: In listening to the report of this case, which is a very interesting one, it recalls a case I operated upon some three or four years ago in Richmond, Indiana. A woman about forty years of age, a maiden woman, had a tumor in her abdomen, with a history of a fibroid, without very great hemorrhage, for over a period of five or six years, up to a period three or four months preceding the operation, at which time her tumor was about the size of a uterus pregnant four or five months. And then the tumor grew very rapidly, and was in all as large as a coal scuttle when she came to be operated upon. I very positively made a diagnosis of ovarian cyst and fibroid, and operated upon the woman. The ovaries were as normal as they usually are in fibroids. There may have been a little cystic degeneration or hematoma, but there was no ovarian tumor. What gave the clinical signs of ovarian tumor was a thin-walled cyst of the uterus, holding perhaps two gallons. It was a fibroid-cystic tumor. The whole tumor was a uterine tumor, and this one cyst that I had failed in diagnosing was a large cyst holding perhaps a couple of gallons of straw-colored fluid, and when I let it out the fluid soon coagulated and was like jelly before the operation was completed. Then there was also this same thick jelly-like fluid in the tumor. I

made a hysterectomy, removing all except the cervix. It occurred to me when the doctor reported his case that possibly if this case had gone on longer this thick jelly-like fluid might have taken on further changes. I have never seen a case before or since in a cystic condition of the fibroid uterus when the two or three sacs contained fluid of different consistency. That is the only experience I have had along that line. I have operated upon a number of fibro-cystic tumors of the uterus, and the fluid was as thin as water, but coagulated on exposure to the air. In this case one side had thin fluid and the other had thick fluid in it. The case also shows that you cannot believe everything the patient says about the operation done by the doctor. I reported at the Academy another case in which the woman declared she had the ovary removed on one side, and later I had occasion to operate upon her and I found both tubes present and diseased. I removed both. Both she and her friends believed she had one ovary taken out when the vaginal section was made. I do not know why doctors should deceive their patients in that way, unless they want the patients to believe that they have done something.

DR. PALMER: A great many cases are on record in which ovarian tumors have been thought to be fibro-cystic, and *vice versa*, and the diagnosis between the two was impossible.

Case Report.

DR. RUFUS B. HALL: The following case is an interesting one to me from several standpoints. It is that of an unmarried woman, about twenty-five years of age, a woman that worked for her living in a factory; I think she said she ran a sewing-machine. She always enjoyed good health before the present illness; was a bright, active woman, a woman of spare build, tall, and of Irish parentage. About a year ago the mother noticed her abdomen began to enlarge. By the first of November or thereabouts her abdomen was the size of that of a woman five or six months pregnant. The mother took her to task about the possibility of her being preg-

nant, and especially so since she had a beau and was expecting to be married soon. She assured her mother that she was not pregnant. The mother said: "Well, Mary, you know all the neighbors are talking about you that you are going to have a baby." She assured her mother again that she was innocent of any wrong doing. She was taken to a doctor, and the doctor, she said, examined her carefully and said she had indigestion, and would get better soon. I suppose the doctor had in mind that she was pregnant. There was nothing apparently the matter except the enlargement of the abdomen, yet the girl was especially chagrined because all of her girl associates were shunning her because they thought she was going to have a baby. Along towards Thanksgiving she was helping to do the work and struck her abdomen against the corner of the table, which caused a severe pain, and she could not go back to her work. She was very sick in the course of two or three hours, but she soon got better. The fore part of the night she was quite sick again, and next morning she was very sick. They sent for this same doctor, and he said he couldn't understand it. This was the story of the family. The father then asserted his rights and declared he did not like the doctor, and would send for his own doctor, and did so. The second doctor said his daughter had an inflammation in her abdomen, and was very dangerously sick, and in addition to the inflammation in the abdomen there was probably some kind of tumor in the abdomen. He stated positively that the girl was not pregnant. She was in bed for a number of weeks, and gradually recovered from the peritonitis. She had lost flesh and become weak and emaciated, and her temperature was never down to normal, although it was never high after the first three or four weeks in bed. It was never sub-normal. She always had fever and hectic, and occasionally sweats at night, but never had chills. The doctor stated then she had a tumor, and if he could get her physically in condition to justify an operation he would urge an opera-

tion. Finally he got her so she could sit up a little. Then he urged operation, and they became frightened, for they were ignorant people, and they thought may be if they would wait a little nature might cure her. So it was three or four weeks after the operation was advised before she could be persuaded to come to the city for operation. The superficial veins over the abdomen were distended. The feet and legs were not swollen. She was emaciated like a person dying from consumption. I presume her body would weigh ninety pounds. Her abdomen was larger than an average woman at full term of pregnancy. She had undoubtedly a tumor in the abdomen, and she also had ascites. I operated upon her six weeks ago, and when I first opened the abdomen I presume I let out anywhere from a gallon to two gallons of the ordinary ascitic fluid. I enlarged the opening. Then came the thick tar-like fluid—so thick that it would hardly run. Then I enlarged the incision. One large cyst was ruptured. There had been an effort of nature to protect that by gluing the omentum to the rupture. I at once tapped the tumor to reduce its size. It was made up of multilocular cysts, none of them holding more than a half cup, containing fluid so thick it would not run through a large Tait trocar, and when on the hands it would run out like a rope. This thick, viscid material had been emptied out into the abdomen for months, and it was strange it should remain so long without killing the woman. I found I could not lessen the size of the tumor, and so I enlarged the incision and took it out as a solid tumor. There were a few adhesions, but they were not firm. I then turned my attention to cleaning up matters. The whole peritoneal cavity was covered over by this thick viscid material like a layer. Every portion, every coil of intestine, the whole inside of the abdominal cavity, was covered with it. You couldn't wash it off, and if you tried to wipe it out with a sponge the sponge would stick and you would pull the material out like a rope. There must have been in the cavity, at a conservative estimate, one or two quarts of this

material. I did not feel like closing her up in that condition, and I went to work sponging it out. You could only use a sponge or piece of gauze or a towel once. I went over the bowels and everything as carefully as possible. I had an incision ten inches long. Then I placed a drainage-tube and she went to bed in fairly good condition. But I have never seen any one make such a struggle for existence and live as that poor creature did. For sixteen days she could take but very little nourishment by the mouth, and we sustained her by the rectum the best we could, but the rectum became irritable and she couldn't retain enemata. She would take but a teaspoonful or two of peptonoids two or three times a day, and a teaspoonful or so of buttermilk now and then. At the end of sixteen days she began to take a little more nourishment. All this time there was no registration of the pulse below 150, her temperature 100°–102°. The whole right side of the abdomen apparently walled itself off with a great indurated mass. It felt like it might be four or five inches thick, extending from the Poupart's ligament to the ribs and the median line. For the first fourteen or sixteen days I thought I had an accumulation there that would have to be opened. Then she took a turn for the better and did nicely for a week and a half, and the induration almost disappeared, and then she had a pain in the left side of the abdomen and a mass appeared, and it looked as though there was infection about a ligature and we would have trouble there. Her temperature then ran up to 102° or 103°, and once or twice she had chilly sensations. It was now near the end of the fourth week, and I thought there was surely pus present. I had her consent to do anything that would give her a chance to get well. At the end of five weeks she began to sit up a little. It has been now six weeks since she was operated upon, and she is thoroughly convalescent.

There are several interesting points in the case to me: First is that she could go around with such a tumor and its contents in her abdomen and not die;

second is her power of endurance, which was past anything I have ever seen in a human being. She had a drainage-tube in the abdomen three days, and then the wound united and she never had a drop of pus in her wound. Usually when a tube is in that long there is a little pus around the tube, but she did not have any. I do not think the recovery was due to such good surgery, but in some cases nothing will kill them. I have done before now not one-twentieth as much damage in operation and the patient would promptly die. The case to me is one of the most marvellous I have ever seen.

DR. PALMER: Didn't her mental condition have something to do with her recovery?

DR. HALL: I think possibly it did. She was engaged to be married to a man in good circumstances.

MR. W. B. SAUNDERS wishes to announce the final accomplishment of a step that he has long had in mind. Feeling that the growth of the business to its present large proportions has been due not alone to his own exertions, but quite as much to the coöperation of a number of his employés, he has decided to give recognition to such service by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, Manager of the Subscription Department, and Mr. T. F. Dagney, Manager of the Publication Department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respective departments Mr. Saunders attributes much of the success that has attended his efforts.

Mr. Saunders believes that this action will strengthen the position of the house in the eyes of the medical profession, as it will secure a permanence of organization that will ensure the perpetuation of the business. Besides this, it will obviate the disadvantages incident to a large business that rests entirely upon the shoulders of one person, by permanently attaching to the house those whose ability and experience have contributed in bringing the business to its present state of prosperity.

The Subscription and Publication Departments will be conducted as heretofore. The Trade Book Department will be under the management of Mr. W. D. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Which Contains Vagaries, Anecdotes, Thoughts for the Good to Ponder Over and the Ever Truly Righteous to Lament—The Sinner's Knowledge—Let the Saints Answer.

To be a physician one must no less be a man. Now it is often a very delicate psychological question to determine the point where the first finishes and the other commences. Is this a syballine entrance to our question? Well, it is tiresome to make the subject clearer.

There is a jolly story, well known besides, a tale attributed to Pajot, to show where the physician ends and the man commences. Pajot received into this life a lusty baby. The mother was very pretty. Pajot held up the child. "Here you are out in the world, my little boy. I wish you bore my trademark." There is some Gallic salt in this; the physician had done his duty, but his feelings were still manly.

Vis-a-vis to woman, the physician is like an artist, who sees the nude form, or the father confessor, who beholds the nudity of the psychic mechanism; now the painter stops at form; the physician goes farther, up to the interior anatomy, up to the psychologic mechanism. To the father confessor the aspect of the flesh is not revealed, like it is to the doctor. This situation renders some other classes of professional men profane. Some say, "If I were the doctor I should feel disgusted, like the cook does in preparing sauces; others, the greater number, simply say, smilingly, "Ha! ha!"

This is the case where an exclamation is a more precise formula of one's manner of thinking. We know that the grace of being is not a vain word, that professional duty invests the heart thrice over, and that a mind softened by austere studies ends like the beautiful verses of Mallarmé—

"The flesh is sad, alas! and I have read its books."

Yes, the flesh is a sad and wicked thing. There is even an old Latin adage, "*Omne animal triste*," but that is too weak almost to quote.

The legend goes back to Hippocrates, and the legend is always more veracious than the reality, for it is concentrated verity. One of these legends that is used cavalierly, with probability of time and place, and that enjoys the anachronism with a gracious smile, tells also how Hippocrates, in his aged days, was enchanted by the smiles of a coquette, Goloise, who laughed at the old physician so cruelly. This is symbolism. But the legend adds that the grand old man seized the game.

There is pleasure for the artist in the presence of the feminine model in the costume of Venus Anadyomene. We wrote a poem once on this episode in a very brilliant but short-lived periodical called *Sam the Scaramouch*, published in Cincinnati, but long since lost to human memory.

The models of antiquity *savants* know so well enter even at the present day the studios of artists. In the first case they wore but little, latterly they hide themselves as much as possible; this shows, probably, (?) the improvement wrought by a later morality.

A once celebrated model artist—Sarah Brown, let us call her; she died mysteriously at that—whose figure is to be found in all the roguish pictures of Jules Lefebvre, one who frequented the Bal des Quatz Arts (glorious days when youth was young and American medical students abounded in Paris in the Latin Quarter; never mind when, but long ago), told us, arch hypocrite that she was, that she was taken to the studio of an old man who never was an artist, but a vulgar amateur with money, one of those old plastic feminine scratchers who was never a real painter. She fled as soon as she posed. She recognized the difference between real plastic art and senile lasciviousness. She was as chaste as Diana of the Ephesians, if she was only a model artist.

But we digress. The world is not half as immoral as moralists—generally immoralists—paint it. A model artist

has an instinct for art, or rather a sentiment; this warns her of the artist's condition. Many a woman who is pure is a model artist. At the school, naked in all serenity, she is nude while posing, but the repose of the artistic school throws a flood of drapery about her. You don't believe this? Ignorant ass! you never were an artist. Words, looks and actions that shock some do not rest long in the art world. Those whose morals are light have no place in such an atmosphere.

Like the artist, the doctor in medicine often stands in rapture before the human form divine. There are more Josephs in medicine than ever existed in the clergy. As for the lawyers, paugh! the devil and divorce suit sauce! But what are we driving at? Wait and see. The privilege the physician enjoys in the presence of woman is never displaced, either in the social domain or in the moral domain. The world would be far better and purer were it medical and artistic. Professional secrecy goes much further than that of the confessional. We doff our hat to the clergy; it contains much of the salt of the earth, but not all. Old Dr. Thalazon, whom Sardou depicts in "*Nos Intimes*," presents the case to his young friend Maurice in the following just and humoristic terms:

"There are three kinds of confessors, my boy—the priest, the judge on the bench, and the doctor. The priest never knows all, because they tell him in a fashion that he reduces and they reduce, and keep on reducing and reducing. The judge on the bench, who knows little and desires to know but little more, for she always lies to the lawyer and goes the other way from which he desires her to go. As for the doctor, my boy, she sticks out her tongue, lets him tap her on the back and chest, mentions her gastralgia and neuralgia—her miscarriages, too—without fear or compunction of conscience; tells him all her little womanly secrets. When he puts back his watch in his vest pocket he knows all, and a good deal more. Why? The doctor did not wish her to tell, but the priest and the judge on the bench did. She does not

care to hide when she knows no one cares to find out."

Or words to that effect; that at least is the spirit of Sardou, if not his exact words.

Ah! this grain of feminine perversity! The hearts of Eve's daughters trust the doctor when they trust no one else, and the good book tells us God made the doctor. Yes, because he is really trusted the doctor is always the gentleman. Did we say they were all Josephs? Yes, most emphatically yes—that is, when he is a real doctor. If femininity runs after quackery at times she has only herself to blame. The physician was ever the truest and best friend woman ever had. She knows it.

* * *

There is much to amuse in medicine; it has its distractions as well as its cares, if one knows how to take it. Rabelais was the best doctor and anatomist of his time. But perhaps, gentle reader, you never read the works of Rabelais; therefore you cannot appreciate his *Pantagruelisms*. After all, what is vulgar to the masses is far from vulgar; there is much philosophy under this that does not belong to the translation; find the original and then compare notes. There is a grain of perversity in every nature, "rough hew it as you will," but that is not in the translation again.

* * *

Let us go now, for variety's sake, into anecdote. Our friend, Dr. Ed. W., when he sees this can see things between lines.

Dr. P. Max Simon cites some words from his good old but light-hearted father. An old maid once went to the elder Simon and demanded relief from a thing from which very young children often suffer. The old maid was cared for and cured. She was an old maid full of compunctions (and urine), one who, when she left a physician's office, was like a modest maiden out of the confessional. Yet when she left him old Dr. Simon could not help from saying: "Go in peace, my girl; go and sin, or rather, *go and urinate*, no more."

* * *

Once on a time, in days of blessed

medieval memory, a queen kissed the lips of Aluin Charnier, the poet, from whose mouth, said she, such beautiful words passed that she would willingly die for him; but there was another queen. We mentioned her once, several years ago, in the LANCET-CLINIC, who was not a queen of love, but of vengeance. Remember, reader, Austri-gilde, wife of Gontran, King of Bourgogne. She asked her husband that the two physicians who had treated her, and whose remedies, to her mind, had killed her, should be buried in her grave. So we see that sepulture may lead the medical man to the honor of being buried by the side of queens. There would be large burial grounds were husbands to require this at the present day from alleged surgeons who really spay women. To be cruel is sometimes kindness. But the veil of charity covers a multitude of sins. It was Saint Jerome who wrote: "God can make everything good, except the reparation of the hymen after its destruction." Go to, ye modern gynecologists! The secrets of Poppea, the ancient surgery, is forgotten.

* * *

It was told once that Lisfranc, the celebrated French surgeon, made a suture in the perineum of a young woman that had been torn in accouchement, yet was unmarried. Some months thereafter a young man entered Lisfranc's office and spoke as follows:

"I have been married for eight days, and I am still merely as when engaged to my bride. All my attacks have been fruitless, although she willingly submits. But things must be changed. An operation is needed. My adored is in the next room. I will introduce you."

Lisfranc went to the adjoining room, and was introduced. It was the same girl he had used the suture on. Such are some of the beauties of gynecology. It has its virtues as its faults.

* * *

All remember the story of the young girl who said to her doctor she was feverish. "I am very ill." "Ah!" said the physician, with a touch of irony; "I have a remedy; it will cure you infallibly. If you have ever taken

medicine before it will act very injuriously."

"Ah!" cried the innocent maiden, "if you put that medicine in a powder give me a very small quantity."

Ah! you say this world is wicked. Well, doctors see more than any other class; therefore, are more charitable.

You remember, too, the story of the pretty New York girl who went to the Chapelle Sistine, at Rome, and heard the singing of the beautiful (castrated) choir boy. "Ah!" she cried. "What a beautiful voice! But alas! there is something missing."

That girl was educated at Vassar, perhaps.

The doctor, like the theologian, is preoccupied by the moral hygiene, that depends largely for assistance on medical men. Mankind cannot exist without rules for living, and moral theology, therefore, is dependent on the physician. One must foresee and forewarn. Humanity cannot afford to make mouths even at dog Latin.

There is too much foresight in medicine to please all. When Napoleon was on the point of wedding Marie Louise he called on the great Corvisart, and asked up to what age a man could have children.

"That depends," said Corvisart; "it depends on man's organism, temperament, and the economy of his youth."

"I understand all that," said Napoleon, "but suppose the man is sixty; can he have children?"

"Sometimes," said Corvisart.

"But suppose the man is seventy," said Napoleon. "What then?"

"His wife will always have them if she is young," said Corvisart.

Is there any great sin in such anecdote, gentle reader? They show up humanity in its humorous light.

"Doctor," said a young woman, "I have been married for two years and have had no child. Oh! I long for a baby. Is the fault mine or my husband's?"

The qualifications of an arbiter for

the will of Venus must have a peaceable indulgence.

"Ah, madam," said the doctor; "if you have no cousins, perhaps you have a friend."

"Doctor," said another Grecian lady. "should I stay quietly on my back all day. I have had no child for two years."

Men who see life in all its hidden aspects become charitable. Some say they make bad doctors. Go, gentle reader, and comprehend the subject better if you can. There was ever charity, mercy and good judgment among physicians. *Sauve qui peut!*

Hemorrhoids.

After washing the region antiseptically and applied a coating of an ointment composed of vaseline and iodoform, an injection of a full hypodermic syringe of the following solution is made:

Chloride of zinc, . . .	grs. x
Hydroch. of cocaine, . . .	grs. iv
Water, distilled, . . .	3ss

The day following a slight reaction takes place, but yields readily, and at the end of the fifth or sixth day the tumor has withered up.—*Paris Cor. Med. Press and Circular.*

If you can help it, don't operate on a man who is drunk, especially if he appears to be an habitual drunkard. Drunkenness certainly seems to favor the occurrence of sepsis, owing to diminished resistance of the tissues, and shock occurs very readily. Besides this, delirium tremens may come on to complicate matters. — *International Journal of Surgery.*

LOCAL anesthesia, a few moments for excision and suturing, and two or three painless days for healing seem so insignificant a combination that it is a source of surprise that fleshy warts, sebaceous cysts, and epitheliomatous ulcers are so frequently permitted to remain as facial blemishes.—J. B. ROBERTS.

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WHOLE VOLUME LXXXIII.

Original Articles.

REMARKS ON SOME UNUSUAL TYPES OF GASTRO-INTESTINAL DISORDERS.*

BY HENRY WALD BETTMANN, M.D.,

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PROFESSOR OF THEORY AND PRACTICE IN THE CINCINNATI COLLEGE OF MEDICINE AND SURGERY.

The failures in the daily practice of our profession can often be ascribed to the habit we all acquire of treating certain conditions certain ways. Exceptional cases occasionally arise, and unless we are constantly on guard we apply our routine procedures, only to meet with failure. The necessity of individualizing and studying each case carefully by itself is nowhere more stringent than in treating disorders of the gastro-intestinal tract, where it is so easy to be led astray. I have thought it might be useful to review some of the more common pitfalls which beset us in this field, and have illustrated some of our more common errors by examples taken from last year's experiences.

That chronic diarrhea may depend upon chronic constipation is a fact noted in all the text-books. Nevertheless, cases of "diarrhea ex constipation" are very rare, and for that very reason are apt to deceive us when they arise. It is a commonplace of our daily practice when dealing with acute diarrhea to give a laxative before trying to check the discharges, and no student not familiar with this method could hope to pass his examinations. In dealing with chronic cases, however, we

are too apt to omit the preliminary cleansing of the bowel; and the great value of the newer intestinal antiseptics and astringents may lead us into seductive by-paths, as the following case may illustrate:

E. B., aged thirty, book-keeper, consulted me September 19, 1899. As a boy he had always been very robust. For the past four or five years he had suffered from "weak bowels," with a tendency to cramps and diarrhea. During the past year the attacks had become very frequent and exhausting, diarrhea lasting three or four days at a time and recurring every week. The diarrhea was accompanied by very severe cramps in the bowels, and vomiting during the attacks was common. Occasionally the bowels would move regularly for a period of two or three weeks. He had lost nearly twenty pounds' weight, and was weak and nervous. He had been treated by his family physician without permanent success, and finally armed himself with tablets of one of the newer intestinal astringents which he took whenever his bowels became loose. Upon examination his bowels were found to be considerably distended with gas; a little below and to the right of the umbilicus a hardened mass was indistinctly felt, excessively tender to pressure. The patient stated that coughing or sneezing produced violent pain in this region. I at first suspected tubercular peritonitis, especially as the mass did not diminish in size or tenderness after several days' treatment with castor oil and colonic irrigation. The patient grew so weak he had to keep to his bed. About the seventh day scybalous lumps appeared in the stools, and in two or three more days the tender tumor had entirely disappeared, and with it went the pain and the sick-

* Read before the Academy of Medicine of Cincinnati, April 9, 1900.

ness. The recovery was rapid and the patient has remained well.

Noteworthy features in this case are the length of time the impaction had lasted, and the deleterious rôle played by intestinal antiseptics.

A number of cases have come under my observation during the past year in which it was almost impossible to tell at first whether the stomach or bowels were the seat of the disturbance. In treating cases of chronic diarrhea we are sometimes puzzled to know whether the stomach or bowels are primarily at fault, but a careful examination usually clears matters up promptly.

Dr. Schütz, two years ago, reported cases in which gastric ulcer was simulated by catarrhal colitis and enteropositis. The following case illustrates the same difficulty:

Mr. G., forty-three years old, machinist, came to me for treatment September 14, 1899. He told me that he had suffered from pains in the stomach for several years, but that during the preceding summer his distress was very great, and that notwithstanding careful dieting he had secured no relief, but had lost thirteen pounds in weight. His pain came on about one hour after eating, and was localized between the umbilicus and the ensiform cartilage. The pain usually lasted several hours. He had a bad taste in the mouth and belched considerable tasteless gas. His appetite was very good. The bowels were very constipated, never moving without the stimulation of laxatives or the use of enemata. Examination revealed considerable rigidity of the recti muscles and three very tender spots above the umbilicus, one to the right and two to the left of the median line. I suspected the presence of a chronic gastric ulcer, gave him a rather rigid diet, and ordered a saline purge daily. After a week's treatment his condition was worse, and the tenderness was much increased. I gave him a test-breakfast, but found the stomach empty after one hour. This rather confirmed my suspicion of ulcer with hyperkinesis. A second test-breakfast a few days later showed decided sub-acidity. The lavage had no effect on the belching or the

pain. The stomach contents were always free from pathological material. This led me to suspect that possibly the transverse colon was the seat of the pain, and I ordered high oil enemata and castor oil by mouth. Scybala appeared in the stools after a few days, and the tenderness became less marked. The diet was increased and the bowels were regularly irrigated. In two weeks the belching ceased, the pain became slight and his weight began to increase. During the second month his health became perfectly normal except for sensitiveness over the colon, which persisted for nearly two months more.

I believe it is not uncommon for small masses to lodge in the large bowel and set up an irritation which may persist for weeks or months. After an erosion of the mucous membrane has occurred the bowel contents may prevent a return to health, even under careful management, unless the cause of the trouble is luckily hit upon. The seat of such erosion is more commonly the cecum or the descending colon or sigmoid, and the diagnosis in such cases is easy. But when the transverse colon is affected the seat of the pain and the reflex gastric symptoms may readily lead to the greatest confusion. Under such circumstances we can make a correct diagnosis only by a careful study of the gastric functions and secretions, and by thus gradually excluding the stomach from the clinical picture.

High enemata, however useful in a certain number of cases, are not always beneficial. Even daily low enemata are not to be recommended as a routine procedure, though many persons use them daily for years without evil effects. In the majority of instances, however, the bowels sooner or later either become irritated by the enemata and cause much distress or they grow accustomed to their daily stretching and cease to respond to it. I have seen a number of cases in which very disagreeable abdominal symptoms were kept up for weeks and months by daily irrigation of the bowels, and in these cases the symptoms may be made to disappear readily by substituting a mild laxative for the enemata.

On April 4, 1899, I was consulted by Mrs. K., thirty-four years old, the mother of one child. For four years she had suffered from obstinate constipation, associated with severe pain in the descending colon. This pain was constant, and occasionally became exceedingly severe. At such times mucus appeared in the stools. She limited her diet rather strictly, and had lost some strength and weight. Upon the advice of her physician she washed out her bowels daily with two quarts of warm water, and kept this practice up a year and a half without getting relief. Upon examination the descending colon was found very sensitive to pressure, and its walls were probably somewhat thickened. An albuminous diet was prescribed, the colonic irrigation was stopped, and the patient was instructed in the use of senna leaves as a laxative. The sensitiveness diminished almost from the start, the bowels responded well to the senna, and after five or six weeks' treatment she was free from all unpleasant symptoms, though still requiring the use of laxatives to obtain evacuation of the bowels.

It is probable that in this case the daily stretching of a very sensitive bowel acted as a constant irritant.

I think it is a good maxim to avoid all radical measures in the treatment of conditions about which we are not sure. It occasionally happens to us all that we add to our patients' discomfort by needless or even directly harmful regulations and prescriptions, and only by vigorous cross-examination are we apt to discover our blunders. Too strict or inappropriate dieting is the error most frequently made in treating digestive disorders. We are too apt to curtail a patient's diet without proper justification or without fulfilling the real indications of the case. Especially functional and reflex symptoms of the gastro-intestinal tract are apt to throw us off the track, and patients the subject of such disturbances are almost always harmed by rigid dietetic rules.

About two months ago an eighteen-year-old boy was brought to me from Portsmouth, O., with a history of several months' abdominal distress. He

awoke every night with severe boring pains in the neighborhood of the umbilicus, and often lay awake for hours without getting relief. His bowels did not move spontaneously, but required the strongest cathartics. After fecal evacuation the pains always subsided. He had been subjected to weeks of violent catharsis, and during the past three weeks had taken nothing but milk, but his distress increased on this *régime*. At the time of his coming to Cincinnati he weighed 103 pounds, was pale and very nervous, and his pulse was rapid and weak. I examined him carefully without discovering any organic disease. I finished my investigation with a rectal examination, and by pressing on a spot about two and a half inches from the anus I excited the most exquisite pain, thereby causing the patient to grow very faint and weak. He entered the Jewish Hospital the same day, where a more complete examination was made. The stomach secretions were normal, and its motor functions only slightly below par. The lower part of the rectum was red and congested, and several slight erosions of the mucosa were found on the summit of one of the rectal valves. The patient's diet was at once liberalized and the rectum was cleansed daily and painted with a weak solution of silver nitrate. His general condition improved immediately, but for the first two weeks he still awoke with pain every night. During the next two weeks his diet was entirely unlimited, and he had a spontaneous stool once or twice daily. His rectum healed readily, but at the time of his return home he was still troubled with occasional deep pains in the region of the umbilicus. During his five weeks' stay in Cincinnati he gained nearly twenty pounds in weight, and became as strong as ever. The nature of the abdominal pain puzzled me considerably, and I am still unable to account for its persistence after the rectal ulcers had healed.

On several other occasions patients have complained of considerable abdominal distress immediately preceding an evacuation of the bowels. In such cases I always expect to find some rectal

trouble, but this is sometimes not discoverable. An explanation of this symptom would be gratefully received. Pain in the region of the umbilicus, when otherwise not explicable, is always suspicious of rectal disease, and by keeping this fact in mind we may often be put on the right track of an otherwise obscure condition.

On October 7, 1899, I was called to see Mrs. K., a young woman who, nine weeks before, had given birth to her second child. Since the confinement she had suffered from severe abdominal pains, usually occurring at night, and bad enough to require the use of opiates. Her bowels were very constipated, flatus was very annoying, and the constantly recurring severe pain was very wearing, so that her milk supply began to be exhausted. She used laxatives daily and limited her diet so as to exclude starches as much as possible. Upon examining her I found that the stomach functionated well; that the pain was usually just above and to the sides of the umbilicus; and that the spells of pain were usually, though not always, accompanied by the accumulation of gas in the colon. Upon further questioning I learned that she occasionally noticed a slight amount of blood in her stools. Examination revealed the presence of small internal hemorrhoids, which were eroded and painful. Local treatment was at once instituted, the diet was regulated and in about two weeks the abdominal pain entirely disappeared. A supplementary course of iron restored her to full health.

In addition to the sources of error just described, there are many other ways to be misled when trying to interpret digestive disturbances correctly. It is easy to mistake hepatic for gastric disorders, and *vice versa*, and the right kidney very often leads to symptoms very similar to those produced by diseases of the liver or stomach. A movable right kidney may occasionally produce violent gastric symptoms similar in nearly all respects to a primary gastric crisis. It is usually the slighter symptoms, however, which lead to error, because they seldom lead to as careful an examination as the more

severe attacks. Intensity of suffering is sometimes a great advantage to the patient, inasmuch as it often induces the attending physician to study the underlying conditions more closely. A smart attack of gall-stone colic often clears up a diagnosis about which doubt may have hovered. I have known several instances in which the pains of pyelitis were mistaken for liver pains and supposed to be due to indiscretions in diet. Pyelitis is one of the conditions which is very frequently overlooked, and women so often complain of pains in the sides or loins that we sometimes neglect to trace them to their source. The following case will illustrate this point:

Mrs. M., about forty-five years old, consulted me last November. She complained of frequent attacks of pain in the right side, beginning in the lumbar region and extending down towards the groin. These attacks were nearly always accompanied by nausea and other gastric disturbances, such as bloating, belching and anorexia. The attacks recurred every two to three weeks, but during the intervals the general health was never perfectly good, though the nutritive equilibrium was maintained. An examination of the stomach revealed a mild gastric catarrh. The urine contained much bladder epithelium, many pus cells, some renal epithelium, and oxalate of lime crystals. The right kidney was easily palpable and somewhat tender when squeezed between the examining hands. It was not enlarged. Repeated examinations of the urine always revealed the presence of leucocytes and cells from the renal pelvis. The diet of the patient was regulated and she was ordered to drink hot water containing sodium salicylate and baborate before each meal. HCl was taken after meals in five-drop doses. In a few days she began to improve, the urine cleared up considerably, and the gastric symptoms disappeared. After two weeks the urine became perfectly clear, and has remained clear to date. The pains in the side have disappeared entirely.

In this case it seems that the gastric and renal symptoms were interde-

pendent, each being partly responsible for and accentuating the other.

One of the most perplexing practical problems in internal medicine is to interpret correctly the various forms of pain and pressure in the stomach. Gastralgia, a term which at one time was supposed to mean much, now means very little; and some clinicians have even denied the existence of a neuralgia of the stomach, ascribing all such pains to the presence of gall-stones. Certain it is that gall-stones may manifest themselves for months or years in no other way than by producing attacks of gastralgia, the so-called *Magen-druck* of the Germans. Gall-stones may set up various forms of gastric disturbances without revealing their presence by localized symptoms of any kind, and we are greatly in need of a method of diagnosing gall-stones before colic, jaundice or local tenderness reveals their existence to us. During the past few years I have treated cases of marked gastric catarrh, of so-called gastralgia, and of intestinal disturbances which have yielded readily to treatment, and the patients have thought themselves well or greatly improved until a sharp attack of biliary colic would reveal to them and to me the underlying condition. So diverse have been the pathologic states secondary to gall-stones that the possibility of an early diagnosis without local symptoms is problematic. At all events, it is wise never to assure patients that they are not the possessors of gall-stones, as it is always practically impossible to exclude their existence.

The Groton.

[For discussion see p. 587.]

ALWAYS give a guarded prognosis as to the ultimate results in deep phlegmonous processes occurring in the hand. The tendons are often immobilized within their sheaths, the muscles are atrophied, and much of the cellular tissue takes on a cicatricial character. The fingers are, therefore, apt to become stiffened in a curved, claw-like position.—*International Journal of Surgery.*

OPHTHALMIC MEMORANDA.

BY DAVID DUBECK, Sc.B., M.D.,

CINCINNATI,

OPHTHALMIC SURGEON, ST. MARY'S AND GOOD SAMARITAN HOSPITALS.

Some Recent Improvements in Ophthalmological Apparatus.—A specialist practicing in a large city, unless he chance to be located in the working quarter of a large manufacturing center, will find nearly or quite two-thirds of his work to be cases of refractive error, or disturbances of muscle equilibrium. Even the worker in the smaller place will find half or more of his work to be cases with these functional defects. It follows that this is therefore by far the more important portion of our work, and any improvements in the technique of the examination and treatment deserve our earnest attention.

Ophthalmometer.—Usually the spherical refraction is determined first, and if visual acuity still remains below normal, then the question of any existing astigmatism is looked into. However, Bull (Paris) and others have strongly emphasized the advisability of determining the corneal curvature as the initial step, and there is much to recommend this order in testing. I sometimes think that the importance of this test is often ignored, and at times I have been led to believe that in some consultation-rooms the ophthalmometer serves more for moral effect than for practical use.

The principle remains the same as Helmholtz first applied it: that of images reflected from a convex reflecting surface. To make this practicable there is a telescope to enlarge and observe the images, and this is further provided with a Wollaston bi-refracting prism to double the images. In all the models heretofore devised the reflected objects ("*mires*") are movable along a graduated arc; the movements causing the desired superposition of the reflected images, and the graduations indicating the curvature, computed from the known laws of angular reflection; the prism remaining fixed in the tube of the telescope. But a study of the same laws will show that an approximation or separation of the images may also be secured by movements of the prism to and fro. And this principle, which presents some marked advantages, has been applied in the latest model, manufactured by Chambers, Inskeep & Company, of Chicago. This instrument (Figs. 127, front view; 128, rear view) is, to my mind, a de-

cided advance over the older models. The necessary focusing is secured by a rack and pinion at the base, without needing to shove the whole instrument to and fro by hand. The mires are fixed, are translucent and self-

by a careful study of the sectional cut of the instrument (Fig. 129). The fixed mires necessarily maintain a fixed angle of reflection, and avoid the inaccuracies that arise with the constantly changing angles of reflection.

The method of use is essentially the same as in the old models. A primary position is



FIG. 127.

illuminated (by small electric lamps behind them). Thus there are no disagreeable side lights around the patient's face. The prism is fixed in an inner tube, which is moved by a

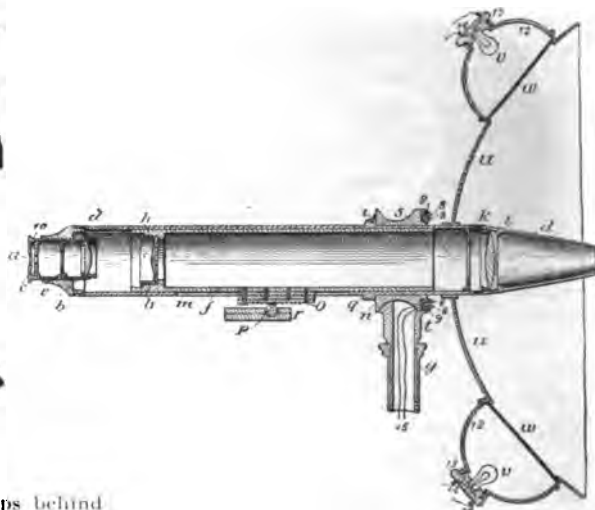


FIG. 129.

secured with the equatorial lines and the side spurs together forming a cross (Fig. 130). Rotated 90° the equatorial lines will again align and the spurs are again brought opposite each other. The difference in the readings will indicate the difference in the two prin-



FIG. 128.

fine rack and pinion. The wheels moving this are graduated, one showing the actual radius of the cornea in millimeters, and the other giving the equivalent in diopters. These structural details may be clearly understood

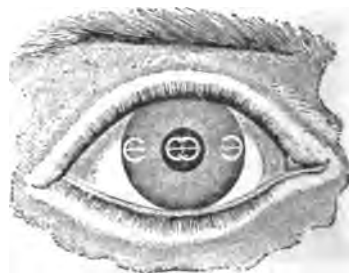


FIG. 130.

cipal meridians, expressed in diopters. Fig. 131 shows the images when out of alignment.

These four *circular* images will at the first glance indicate whether any *irregular* astigmatism is present.

The instrument is handsome, the workmanship of the highest grade, and the simplicity of its construction seems to offer the least probability of its getting out of order.

Retinoscope.—The shadow-test, or retinoscopy, forms one of the most practical and satisfying methods of testing the refraction, but it has certain practical drawbacks to the average worker. The difficulty of managing the mirror; the difficulty of the patient keep-

culties, and in rendering this valuable method more exact and conclusive. The illustration (Fig. 132) gives a clear enough idea of it. The tube, into which both look, maintains the fixed distance, and also contains a correcting lens, so that no deduction is needed from the findings. The light is attached, and is thus fixed. The mirror is attached, and, beyond the slight rotatory play allowed, is thus also fixed and gives no trouble. The discs of neutralizing lenses are easily managed by long axial rods. (It is also supplied with a plain base, but in other respects exactly the same, Fig. 133.)

This instrument will not itself do the work, but it enables us to do it with vastly less



FIG. 131.

ing the visual line fixed in a dark room; the difficulty of maintaining the fixed distance, from the unconscious tendency of both to approach nearer each other; the difficulty of managing the neutralizing lenses, since evolution has deprived us of the arms of the



FIG. 133.

trouble and more satisfaction than by the open method, in the dark room.

Phorometer.—The refraction is usually of the first importance, but in a large proportion of cases the condition of equilibrium among the extrinsic ocular muscles is of great importance, and in many cases this is of prime importance. Among our highstrung, pushing American people an unstable nervous condition is becoming extremely common, and consequently an unstable balance of the ocular muscles is also becoming very frequent. In our routine functional examinations these tests should always form a careful part.

gorilla; all combine to make this usually only an approximate test, to be carefully confirmed by the test lenses.

An instrument manufactured by the Geneva Optical Company, of Chicago, succeeds admirably in overcoming these practical diffi-

In our instrumental tests we should strive for the happy mean. Our instrument should not be too simple, for then we may as well stick to the ordinary trial frame and the accessory battery of prisms. The simpler instruments usually imply a needless waste of time,

and an unnecessary strain on the patient. But an instrument may be too complicated, and be designed to accomplish too much. This usually leads us into a tangle of unnecessary and confusing niceties.

It seems to me that the Wilson phorometer, recently put before the profession by E. Kirstein's Sons, of Rochester, N. Y., fulfills these requirements better than any other instrument that I have had any opportunity of examining or working with. The instrument (Fig. 134) clamps to the table, which I think an advantage as regards steadiness over the mounting on a stand, although this latter form can be supplied if desired. The leveling arrangement is simple and exact. It is supplied with the rotating prism before one



FIG. 134.

eye, and a rotating disc with the necessary accessories before the other eye. In these essential parts the metal and optical workmanship is of the highest grade. By means of it all the usual tests for heterophoria may be made quickly and accurately. It provides for the old test of the two images thrown vertically or horizontally, the Maddox rod test with the line of light and the unaltered image, the double-prism test with the three images, the diffused disc of light with the unaltered image, the Prentice chart test, and the parallel lines test for the oblique muscles. I know of no instrument that does this so well and so rapidly, that is anywhere near so reasonable in price. It works far enough from the face to permit the use of the trial frame, and none of these examinations should be concluded without the tests being made under the refraction correction, especially if the correction is to be worn constantly.

Society Proceedings.

THE ACADEMY OF MEDICINE OF CINCINNATI.

Meeting of April 9, 1900.

THE PRESIDENT. C. L. BONIFIELD, M.D.,
IN THE CHAIR.

STEPHEN E. CONE, M.D., SECRETARY.

Aortic Aneurism.

DR. B. F. LYLE: I wish to present a specimen of an aortic aneurism which had become innocuous for some time before the death of the person from whom it was obtained.

A. S., female, colored, aged thirty-six years, single, was admitted to the Branch Hospital for Consumptives last July and died April 1. She had not been intemperate and had never had syphilis. The cause of her death was pulmonary tuberculosis. The upper half of each lung was involved, a cavity the size of a hen egg being found in the left upper lobe. When admitted a protrusion was noticed in the aortic space. It had been present some time, although the patient could give no definite history of its duration. It did not expand during the systole of the heart, although a weak thrill could be felt; the aortic valve sounds could be heard through the tumor. The patient at times experienced some pain over the protuberance, but it was never severe.

The specimen which I show you is an aneurism of the aorta the size of a cocoanut; the cavity is entirely filled with fibrin; upon section the deposit is seen in concentric layers. At the junction of the ascending with the transverse portion of the aortic arch the opening of the aneurism is found; it is about the size of a half-dollar. The fibrinous deposit is level with the aortic coats. The aneurism was entirely innocuous, and its presence did not conduce to the death of the patient.

Exhibition of Specimens.

DR. E. GUSTAV ZINKE: I have here some specimens which are of interest pathologically as well as clinically.

1. *Multilocular Cyst of the Ovary.*—This cyst was removed from a woman

thirty-eight years of age, last Friday morning. The specimen is of interest for two reasons: first, because of its rapid growth; and secondly, because of the complications which presented at the time of its removal. The tumor contained at the time of its removal thirty-two pints of greenish fluid, which was very thick, and it was found to be a multilocular cyst of the right ovary. The broad ligament is very well seen here in this specimen, and also at the upper edge may be seen the tube and its extremity, with the fimbriæ still intact. After opening the abdomen I found that the tumor mass extended up under the diaphragm. I thought I had to deal with a par-ovarian cyst, and made a small incision, thinking I would puncture the cyst and then draw it out, fastening it in ten or fifteen minutes, but it was nearly an hour before I was able to remove it. The trouble was that it was so firmly bound by adhesions everywhere; anteriorly it was in contact with the abdominal wall. I had to enlarge my incision considerably above the umbilicus. I got out the pedicle and finally separated the adhesions which existed between it and the abdominal wall.

The patient was a tall, lean woman, and was otherwise in perfect health. She had a splendid family history. The first recognition was after a fall from a chair last August. She sent for a doctor and soon after that the swelling commenced to manifest itself: this was attributed to the fall, but subsequent developments showed it was due to the rapid growth of the multilocular cyst.

2. *Ovarian Cysts (Two).*—These two ovarian cysts were removed from a woman, fifty-two years of age, upon whom I performed high amputation of the cervix a year and a half ago for carcinoma. At the time of the removal of these cysts they were dark and gangrenous. The woman recovered from the operation and gained in health and strength, and was up and about until three months ago, when she began to complain of a great deal of pressure in the lower part of the abdomen, especially upon the rectum and bladder.

Of course, I thought that the disease had returned and went out to see her. Upon examination I found the abdomen distended and recognized that there was a tumor present, at least one. The uterus was in good condition. There was no marked evidence of any return of the disease of the uterus.

I removed these two cysts and at that time they looked very bad. Dr. Walker, who happened to drop in at the time I was operating, thought that both specimens were probably gangrenous in character, but judging from the recovery of the patient (it is now three weeks since the operation was performed and she is able to sit up and is feeling fine every way), I should say that gangrene had probably not been present.

3. *Placenta Showing Fatty Degeneration.*—The patient from whom this placenta was removed was edematous from the top of her head to the tip of her toe. When I was called to see her during the twenty-four hours previous she had voided but an ounce of urine, and that was so loaded with albumin as to become absolutely solid upon boiling. She was given at once a cathartic, a hot bath and a hot pack, and also placed upon a strict milk diet. The reaction did not come on until thirty-six hours after I first saw her, after she had taken two hot baths and packs. Then the urine showed up in greater quantity and became clear. The albumin seemingly subsided, so in the course of three or four days we were comparatively at ease as to the outcome of the case. I noticed at that time that the fetal movements had ceased and that the fetal heart could no longer be heard, while previous to this time they could be distinctly heard, and the fetal movements were also quite vigorous. At that time I stated that the rapid improvement in the case was not due to the line of treatment which we had instituted, but more than likely it was due to the death of the fetus. The family, of course, were averse to doing anything to relieve the woman of the child, as they were very anxious for a child and were willing to let the labor go on until full term rather than have the child sacrificed, but the waiting

simply showed that there was no return of fetal movements or any heart sounds. Yesterday, exactly sixteen days after I saw her and about twenty days after the first signs of albuminuria appeared, she delivered herself of a macerated fetus, one that showed evidences of having been dead at least a week if not ten days.

The placenta is an interesting specimen, and shows an extensive amount of fatty degeneration throughout. It is a comparatively small organ. There will be found in its substance actual lumps simulating lipoma, and that in a measure would explain the symptoms of albuminuria which came on. The case is a very striking one because from the moment that there was a marked and permanent improvement in the case all evidences of fetal life had disappeared.

4. *Ectopic Gestation.*—The specimen which I now present was removed from a patient last Saturday morning. She is twenty-eight years of age and the mother of one child, two years old. She became pregnant some time during last December, and in January she thought she aborted. After this she bled more or less continuously, and was the victim of severe pains and occasional chills. She presented herself at my office at the beginning of last week. I made an examination and found a distinct swelling to the right of the uterus; it was painful, and semifluctuant in character. It also pulsated when the finger was firmly pressed against it. I advised her to go to the German Hospital and have the tumor removed. Because of the history (she having made attempts at abortion herself) I rather suspected a pus-tube on that side, and was very much surprised on opening the abdomen to find, in the first place, that the intestines had become matted and completely covered the pelvic inlet, and I was compelled on this account to separate the adhesions before I could get in my hand and find the fundus of the uterus. As soon as the fundus was brought into view I saw that the small intestines were adherent below. I had great trouble in getting at the mass. I used my finger and went along the posterior surface of the

uterus and began to separate the adhesions. I finally got my fingers underneath the mass and found that the tumor was overlying and was really up in the right broad ligament. I shelled the tumor out, and I am satisfied, from macroscopic appearances, that it is a case of ectopic gestation which ruptured at some time previous. The tube can be plainly seen, and the blood clot which I have in my hand, if examined microscopically, I am sure would reveal evidences of the chorionic villi.

**Specimen of Sarcoma of the Lower Jaw,
Together with Specimen Showing
Anomalies in the Common
Carotid.**

DR. JOSEPH RANSOHOFF: A week ago last Friday I operated upon a man for sarcoma of the lower jaw. Two operations had already been done; this was the third and the last. The tumor, as will be seen, presents nothing extraordinary. The incision for its removal was rather large, as it had invaded the floor of the mouth and some of the glands. In order to prevent hemorrhages in such cases I make it a rule to tie the external carotid artery. When the incision was made in the neck the carotid sheath was exposed, and I had no difficulty in seeing the hypoglossal nerve as it crossed over the external carotid artery. I called the attention of my assistant to the superior thyroid artery, the first branch which is given off from the external carotid, and it was my intention to tie the external carotid at a point between where the superior thyroid was given off and the lingual artery. I thought at the time of applying the ligature that the superior thyroid artery was rather large, but I attributed its size to the fact that the tumor present in the case was exceedingly vascular, and this had induced secondary enlargement of the artery.

The operation of extirpation of the lower jaw presented nothing out of the ordinary, and it was nearly a bloodless operation. I went wide of the disease, and I thought the patient had a fair chance of recovery so far as the operation went. I left him in excellent condition, with a pulse in the

neighborhood of 94 and breathing normally, but in the afternoon the interne telephoned me that he had not regained consciousness from the anesthetic. I called to see him later, and found that the effect of the anesthesia had passed off, and that he had passed into a profound coma. In addition, there was a complete hemiplegia on the right side, the operation having been done on the left. The man never regained consciousness. I was very anxious to hold an autopsy in order to ascertain the condition of affairs, which I did. I found a very peculiar anomaly in the common carotid artery, as you will see by this specimen. In the first place, it will be seen that we have an exceedingly high division of the common carotid artery. The common carotid artery, as you know, usually divides at the upper border of the thyroid cartilage into the external and internal carotids, and the external carotid gives off successively the superior thyroid, lingual and radial. In this individual the left common carotid divided a little above the hyoid bone and gave off the superior thyroid artery. For these reasons I was misled and tied the common carotid instead of the external carotid artery. As you will see in the specimen, the external carotid artery trunk is very short, and does not seem to be a quarter, or at most a third, of an inch in length, and given off from a common trunk we have the lingual and facial arteries. Even if the common carotid was tied it ought not to have produced the patient's death from hemiplegia. The tying of the external carotid is attended with no such complication.

The case has been a very interesting one to me, and even with the specimen before me I do not see how I could have avoided tying the common carotid artery, but one should be prepared for these anomalies in the arteries, and particularly in this case, as the ligation of the wrong artery resulted fatally to the individual.

This is the tenth case in which I have tied the common carotid artery, and the only one in which cerebral complications supervened.

DR. HENRY W. BETTMANN read a paper (see p. 577) entitled

Remarks on Some Unusual Types of Gastro-Intestinal Disorders.

DISCUSSION.

DR. GEORGE B. TWITCHELL: For a great many of the disorders that are constantly being brought to our attention the colon has received a good deal of attention from specialists at both ends.

While both ends of the colon have been treated surgically, it is possible that there is a large field in the tract between the appendix and the rectum in which various disorders may arise. That a great many disturbances can and do arise in this long stretch of mucous membrane is very probable when we consider that a change takes place here in the conditions of the intestinal contents, which must be a very decided change, a change which must very readily lead to all sorts of disturbances of the mucous membrane. In the small intestines we have practically liquid feces, and in the large intestines they are changed from a liquid to a moderately solid condition, which would be called a normal stool. It is very easy to understand how this normal stool might become quite hard, or how, on the other hand, it might become diarrhetic in character. The first case which the essayist presented, that of hardened feces producing diarrhea, is quite an old story, and it is just as easy to understand how small particles of irritating feces which have come on down through the small intestines do produce just as persistent a diarrhea in the large intestines and just as great general disturbance.

Nothing has struck me quite so much in the little practice of surgery that I have as the wonderful influence on the general health which is often produced by the cure of some of the most insignificant hemorrhoids. I have occasionally operated for hemorrhoids, when, after I got the sphincter stretched, I could not find anything except a little body of irritated or congested tissue, and largely as a matter of form I tied off the little body, and entirely cured

the patient. I have cured patients of bleeding from the rectum, thereby relieving them of many digestive disturbances. Passing up to the colon we can see how these and other irritations might produce as great general disturbance in the general system. I have always observed that disturbances of digestion are more closely associated with the general health and comfort of the patient than any other disturbances of the body. It is easy to imagine and easy to see that from slight causes acting in these portions of the economy might go on and produce very decided influences on the body in general. A great many symptoms of which patients complain, I believe, can be attributed to the colon, and not least among these is backache. I believe that nine out of ten cases of backache (in men at least) are produced by some trouble in the colon. I believe that a very large per cent. of diarrhea is produced by disturbances in the colon; a very much larger per cent. than we would ordinarily imagine is produced by disturbances in the colon rather than in the small intestine. We find that the colon is susceptible to certain irritants that apparently do not to such an extent affect the rest of the gastro-intestinal tract. We will find that the diarrheas which are due to the imbibing of too much whisky are caused by a disturbance of the colon. A mild dysentery which is very hard to treat is often found in these patients. A great many irritants in the way of peppery sauces, etc., are felt by the man who takes them first in the character of the stool and in an intense itching around the rectum. That this irritation may have started higher I doubt not. I think it would be a matter of great benefit to the general practitioner to very seriously consider the conditions which have been reported here to-night. There are many diseases of the colon which simulate other conditions. Look not only at the colon, not only at the vermiform appendix, etc., but look from one end to the other of the large bowel, for I believe that many of our more perplexing cases of indigestion, as far as the stomach and small intestines seem concerned,

will be relieved by attention to the lower part of the bowel.

DR. J. L. CLEVELAND: I hardly know how to discuss this excellent paper of Dr. Bettmann's in an offhand manner, because it is a paper full of many very important points. I think I have learned something; it has given me something to think about—it is one of those practical papers that we hear sometimes.

While I was listening to the paper the idea of the difficulties under which we labor in making a diagnosis of intestinal and stomach difficulties came to my mind, and these difficulties we all realize. I have seen the suggestion somewhere that it is a good idea, in order to realize the difficulties of diagnosing diseases and irritations in the gastro-intestinal tract, to make or assume an analogy between the diseases of the skin and the diseases of the mucous membrane. We find a pruritus, for instance, or an eczema, or an urticaria, and we know how difficult it often is to find the cause. Here we have something that we can see and we have the assistance of the patient to assist us in a very intelligent way, but when we come to make our diagnosis and apply internal medicine for the gastro-intestinal tract we have no such palpable assistance. The irritations and sensations are so mixed up with normal function and perverted function and pain that it is very difficult to interpret what we find. How the sensitive nerves of the gastro-intestinal mucous membrane express themselves under irritation, it is difficult to say. I suppose that there is some relation between the sensation of the mucous membrane of the gastro-intestinal tract and the tactile sensation of the skin. It appears that the nerves are the same which supply both, but that the nerves of the alimentary tract are specialized so that in the mucous membrane of the intestines we have another special sense if we knew how to read it. Just how to interpret that sensation, of course, is a very difficult matter. We know when we swallow food if we are hungry there is a sensation produced, and I assume (I do not know whether or not

it is true) that there is a direct relation between that of the skin and the sensation of good feeling or satisfaction, or even of pain or distress, whatever the sensation may be, which is felt in the stomach; that there is an analogy between that and the tactile sensation of the skin, the nerves being specialized differently. If you will think about that idea it will impress upon you the difficulty of making a diagnosis of diseases in the gastro-intestinal tract. Now this is strikingly illustrated by some of the cases reported by the essayist; for instance, in the ulceration or irritation about the rectum, the pain being referred to the vicinity of the umbilicus; we call it reflex, but still it is very mysterious; it is difficult to tell how it is. Another illustration was afforded in the pain in the kidney being referred to the stomach.

One idea which I received in listening to the essayist was the fact that the presence of gall-stones may be a possible cause of gastralgia. We all know that gastralgia as we see it so frequently is utterly incomprehensible to us. We clear out the stomach and there is nothing there, but still the pain continues. The close relation between the liver and the stomach makes it quite possible that this assumption is true; in fact, it is almost positive proof when we take a look backward at some of the cases which have come under our attention. Probably during our treatment of the case, or during the course of the disease, it never occurred to us what the cause of gastric attacks was, and after an attack of hepatic colic, of course the diagnosis of the case is quite easy.

This paper has been very interesting to me, and I think it has afforded us many things to think about.

DR. W. E. KIELY: The essayist has given us the history of some very interesting cases, and he has presented them in excellent form. It would be exceedingly difficult to follow him and discuss the various phases of his cases. A great many of the things which he has mentioned I heartily endorse. I think possibly it would be better to resolve this into an experience meeting, and along this line I would like to relate some

experiences which I have had. One of my early experiences I got from the late Dr. Murphy and Dr. Comegys. Dr. Murphy, as some of you are aware, always insisted upon examining the rectum of patients suffering from dysentery. The necessity of doing this was impressed upon him by Dr. Moorehead, in examining soldiers who had returned from the Mexican war suffering from dysentery and finding small ulcers of the rectum. Nitric acid applied to the ulcers assisted the cure. This was rather severe treatment for the patient to undergo, but I can bear testimony to the efficacy of it in the treatment of dysentery, subacute and chronic in character, which was more prevalent twenty-five years ago.

The remarks of Dr. Twitchell brought to my mind one of my recent cases. It was that of a woman who had been an invalid for several years from hemorrhoids, and she could never get up the courage to have them removed. About two months ago I tied them off, and it is remarkable the improvement which has taken place in her physical condition. Her digestive powers have increased to such an extent that she can now eat many things which before were interdicted, and she can walk a mile now where before she could hardly walk a square or two.

I know a physician who had some hemorrhoids and suffered all his life from what is commonly called dyspepsia. He had them tied off and this has given him permanent relief.

Some of the conditions which we have to treat in the gastro-intestinal tract do not depend on any condition that we can find. The essayist saw one of these cases with me last year, that of a little girl on whom I had tried lavage, dieting, etc., and it was wonderful to see her courage and determination to remain with me. In five or ten minutes after each meal she would vomit. I had her lie down on a couch after each meal, but still regurgitation took place. I made all the ordinary tests, but nothing I did seemed to avail much. Things went on for a while and my little friend improved a little bit. During the months of July and August

she was in Michigan, and when running around there she fell into the hands of an irregular practitioner who said that there was something wrong with her spine and he hung her up. Of course, the hanging up made her spine very tender. She acknowledged after returning home that her spine had never given her any trouble until such time as she had been strung up. She had a plaster jacket put on after her arrival here from Michigan. She is now digesting her food very well. She was in my office last week and was looking remarkably well. What was the cause of her trouble?

There is no doubt that in many cases the colon plays an important rôle in the production of many alimentary troubles. Aside from gastric ulcer, carcinoma of the stomach, or gastritis, I believe we have very little trouble from other digestive troubles.

Another odd case. Twelve or fourteen years ago I treated a young lady who was troubled with excessive vomiting. I tried everything of which I knew at the time to stop the trouble, but was unsuccessful. Her functions were all normal at that time, and I could see no reason why there should be anything wrong with her. Her surroundings also were good. The only possible cause I could see for her vomiting was a nervous element in her makeup. Dr. William Carson saw the case with me and confirmed me in my opinion. He suggested iodine as recommended by the Germans—that is, in small doses—but this made her worse. I finally concluded I would try a new plan, and with the consent of her parents that I should do as I thought best I went in to see her one day and told her that everything had been done for her that could be done and that she had to die. I told her that it was a very unpleasant duty for me to tell her this; that Dr. Carson had said that there was no use in calling in another physician, and that her family would not get her another physician. She continued to vomit for some weeks, but at the same time she steadily improved in this respect. She commenced to gradually enlarge her range of diet until she was

completely well and the following ten years she had no trouble whatever.

DR. JOSEPH RANSOHOFF: It may be that the surgeon does not come in contact with pain in the abdomen as often as the general practitioner, and yet the surgeon is very much interested in pain in the abdomen.

In the last part of the paper the essayist calls attention to the influence of gall-stones in inducing gastric crises, and I think that is the most important part of the paper, at least it is to me. He said in his paper, if I understood him aright, that he would be very thankful indeed if any one could give him a positive sign of gall-stones. I think his gratitude will be within his giving for many years to come. I think that there is nothing which we recognize with greater certainty than gall-stones. I have performed a good many operations on the biliary passages, and once have I failed to find nothing wrong with the gall-bladder and ducts when I expected to find something wrong. In that one case I knew that the patient had had gall-stones, for he brought some of the stones with him. When I operated upon him four or five days later the gall-bladder was found empty, the stones all having passed out. While we have no sign which is absolutely indicative of gall-stones, I think fewer mistakes are made in the diagnosis of gall-stones than any other disease of the abdominal viscera.

With regard to the great importance of the colon at large in producing reflex symptoms, I am willing to yield my inferior knowledge to that of the essayist, but I am very much afraid that there is a tendency to overrate the importance of the colon except at its end in the region of the appendix. In the region of the rectum I am very decidedly of the opinion that there is a tendency to overrate enormously the very slight changes which take place at times. I do not refer to fissures of the anus, hemorrhoids, and gross lesions or marked catarrhal conditions of the rectum in which there is a yellowish or whitish discharge, but I think that there is too much stress laid on slight catarrhal changes in the upper and lower

parts of the rectum. This is a field which is now being overworked, not by the regular profession, but by parties outside.

The essayist referred to one case, that of a woman with pyuria, intense pain in the back, and, if I remember rightly, a distinctive reflex pain in the genitalia. Associated with this condition oxalate of lime crystals were found in the urine. Under a careful dietary regimen, and the relief of some hemorrhoidal trouble, the patient recovered. It would be very interesting to know how long such patients remain in good health; in a word, is the recovery permanent? If the essayist had told me that there was a microscopic hematuria present I would have felt like advising him to have the kidney examined for stone.

In regard to pain in the region of the umbilicus, of itself we know that it signifies nothing. Pain is often produced in the umbilicus by a strangulated hernia, aneurism of the aorta, or locomotor ataxia. Pott's disease also produces pain in the adomen, and it may be around the umbilicus. I have never seen a case of rectal trouble produce pain in the umbilicus for any length of time. There are times when, after eating things which irritate the alimentary canal, colic is produced, and while it lasts the pain is severe, but within a moment after the evacuation the pain disappears. This pain is often situated in the region of the umbilicus. We can all understand why a man with a strangulated hernia will have pain in the region of the umbilicus or a man with Pott's disease should have pain there, but I confess I am utterly unable, from any anatomical knowledge that I possess, to understand how rectal disease can produce pain in the umbilicus. I must say that I have never seen that peculiar concatenation of circumstances.

I do not believe in operating upon every man's appendix simply because he has the stomachache, but a man with repeated attacks of pain, diarrhea, pain in the umbilicus, is a very good subject in whom to suspect some trouble about the appendix. I think we not infrequently find trouble in the large intestine which manifests itself with an

alternating constipation and diarrhea which has its beginning in the mucosa of the appendix. In this connection I would like to report a case, although it has no bearing upon the subject before us at all. This case illustrates how little we know, after all, as to what goes on in the interior of the abdomen, even after we have made a most careful examination.

Three months ago a patient came to the Cincinnati Hospital with severe pain in the region of the appendix. He had temperature, vomited, and had a lump in his right side. A diagnosis of appendicular abscess was made. The patient's abdomen was opened and quite a large abscess found. Search was made for the appendix, but it was not found. A small concretion, however, was removed. The patient recovered promptly and the wound healed rapidly, and he left the hospital in three or four weeks. On last Tuesday he was seized with pain in the abdomen, which was very severe, and he started to vomiting. He took purgatives, and for three days used enemata, but failed to get relief. The vomiting continued, and it was regurgitant in character. On the afternoon of the fourth day he had no pain, and had all the evidences of intestinal obstruction. His pulse was in the neighborhood of 110 or 120. Vomiting continued, at least once or twice every hour, and his temperature was normal. With his pulse I should not have believed he had a normal temperature, but I took his temperature twice and it registered normal. There was a warmth about the skin which, with the rapidity of the pulse, told me he had fever. The abdomen was distended from the region of the umbilicus down. I think a diagnosis of recurrent appendicitis was justifiable. I made my incision in the vicinity of the old scar, and as soon as I had gotten the abdomen opened I came upon the omentum, which was bound down to the floor of the pelvis, hiding from view cecum and appendix. It was removed between ligatures. I found the appendix perfectly normal, bound down it is true, but without any evidence of recent inflammation. I then looked for intes-

tinal obstruction and found in my search that the omentum not only covered the region of the cecum, but it had attachment to the floor of the pelvis, really in the retro-vesical pouch between the bladder and the rectum. In drawing the rectum out from its place I found about eight inches of the small intestine bound down—that is, by the omentum. Here was the obstruction. The gut was damaged to such an extent that in bringing it out a slight opening was made about as large as the little finger. This was closed in the usual way. The patient did very well. Generally when a man has a Meckel's diverticulum and has obstruction at the same time it is due to the diverticulum. As soon as the parts were pushed aside the first thing that popped into view was Meckel's diverticulum, with three little knobs at the end, and it had nothing to do with the obstruction at all. I suppose in this patient if we had time to make the blood count we should have come to the conclusion that he had no obstruction at all, but had appendicitis. This patient has since left the hospital entirely recovered.

DR. LOUIS SCHWAB: Dr. Kiely's allusion to carcinoma recalls a case in which the presence of cancer degeneration is not suspected because of the peculiar manner in which the symptoms on the part of the affected stomach were presented.

One night in the early part of the past year an old man was seized with severe pain which he located in the abdomen near the umbilicus. He said this was the second time he was thus tormented, the previous attack having occurred a few months before, passing away without remedies after an hour's duration. This time, however, the pain was too severe and was lasting longer than he could endure without help. The patient was a laborer, chiefly in fields and meadows. His entire life was spent in the open air. He was fairly regular in his habits so far as drink was concerned, but was an inveterate smoker. He had seldom been sick in all his hard and rugged life. The only affliction he had was a double inguinal hernia, for which he wore a

well-fitting truss. His abdomen when exposed showed a deep furrow around the waist line, and because of this the inflated intestines gave the belly a distended appearance peculiar in shape. There was no tenderness to pressure, and so far as fixing the cause of pain the examination was unsatisfactory. There were no other symptoms of importance present. He was given morphia hyperdermically and rested well all night. The next day he went to his work apparently well. Nothing more was heard of him until the following July. He said he had worked every day since the night of the severe pains, nearly five months before, and felt fairly well during that time, particularly during the present week. He left his bed on Sunday morning after a good night's sleep, but felt sick on arising and was dizzy. He had no appetite, but drank liberally of water. Suddenly he became very faint and vomited a large quantity of black fluid. He vomited after I reached him. This time the vomit seemed pure blood. He felt easier after vomiting, but very weak, and insisted there was no pain. The most careful examination of the abdomen failed to elicit any tender spots. The severe pain of the month before was recalled, but as no tumefaction or hardening of any kind could be detected cancer was ruled out completely in favor of ulcer. He was ordered to remain in bed and strictly follow the plan of treatment laid out. This he thoroughly disregarded, and resumed his work on the next day, after having taken his usual breakfast, with no seeming bad results. He was not seen again until late in September. He had worked each day since his recovery from the stomach bleeding until three days before I was called. His general enfeeblement was now so great that to labor was impossible. He had suffered from pain of late and had vomited very often, and that which he vomited was like chocolate in color. Upon examination there could be felt a hard mass in the cardiac end of the stomach fully the size and shape of a potato. The diagnosis of cancer was no longer in doubt. He never left his bed and died in a few weeks. No specimen was obtained.

I only recite this case to show how early symptoms of cancer of the stomach are often obscure and misleading, and that pain and other characteristic signs may be wanting, even though extensive destruction is going on.

The late Dr. Carson reported a case and presented a specimen of a cancer of the cardiac end of the stomach which he considered to be rather remarkable on account of the comparatively few symptoms which attended the high degree of obstruction. The patient died a day or two after admission to the City Hospital. The clerical notes showed a history of alcoholism (chronic), with the usual irregular vomiting. No marked obstruction to deglutition existed. The patient died suddenly with symptoms of collapse. The autopsy revealed the condition of the cardiac end of the stomach constricted by the growth, so that the probe could only be passed through the cardiac orifice. The stomach was filled with blood. Hemorrhage had caused death.

Dyspeptic symptoms of long standing should always excite suspicion of gall-stones, and no one has laid greater stress upon this inference than Dr. Whittaker, who invariably enjoined upon his students to bear this in mind and by carefully watching the stools very often confirm the impression.

DR. BETTMAN: I wish to thank the gentlemen for the general discussion which the paper has brought out.

In reference to the umbilical pain, I was somewhat disappointed that no more was said. My conclusions were based on personal observations from a large number of cases. I had hoped to hear some more remarks concerning this symptom. The fact that rectal conditions can produce pain about the umbilicus was first suggested to me when an interne in the City Hospital, about ten years ago. At that time there was a patient with hemorrhoids who was operated upon, a ligature being applied. Immediately after the operation the patient complained of the most intense periumbilical pain, which only subsided in the course of a few days. It seemed to me that the intense pain, which had not existed before the

operation, must have been produced by the irritation caused by the ligature. I am glad that one of the speakers called attention to the fact that in people who have a diarrhea from eating irritating substances or from cathartics, very frequently preceding evacuation of the bowels, or relaxation of the sphincter, there is pain in the region of the umbilicus.

If you will observe and question your patients you will find that a great many of them suffer intensely from the attempt to use enemas. If you will ask them about it they will tell you when they have allowed a few ounces, or less than a pint, of warm water to flow into the lower bowel they have a severe pain in the region of the umbilicus, and this pain is undoubtedly due to the slight stretching of the rectum. I think any one of you can verify this fact. I have been able to do so in my own person.

That this pain can be produced by other causes is well known; and, if my observation is correct, it may also be due to slight pathological conditions in the rectum which we might easily overlook, and I throw it out as a hint in connection with cases which we cannot understand that when dealing with pain in the neighborhood of the umbilicus it is well to consider the possibility of rectal disturbances as a cause of the pain.

Regarding the question of diagnosis of gall-stones, I must again insist on the great difficulty of diagnosis when the disease is in its incipency. When the characteristic symptoms come on it is not hard to make a diagnosis. The internist sees these cases from the earliest beginning, when the symptoms are not very severe, when the digestive symptoms are not very far developed; but they come under the surgeon's care when the symptoms are fully established, and it is not hard then to make a diagnosis. I have had patients come to me with slight gastric catarrhal symptoms who have had attacks of vomiting, etc., and after a course of lavage, dieting, etc., they recover; only to have typical gall-stone colic after three to six months, or a year. I

have had cases of so-called gastralgia end the same way, and I must add that the majority of such cases which are not quickly relieved are cases of gall-stones. For that reason it is very unwise to assure these patients that they have not gall-stones. They may get well under our treatment, and yet they may have gall stones. I think that the surgeons are coming more and more to the view that pains in the gall-bladder are not due, in the majority of instances, to the wandering of the stones, but to the inflammatory changes which take place in the biliary passages. The internists are so often in doubt about gall-stone cases because they see patients so often get apparently well under medical treatment. The same thing applies to stone in the kidney. The surgeon, as a rule, gets kidney cases which have resisted all forms of treatment. At this time they have had recurring attacks of pain for years, the urine shows blood and pus cells, etc., and so it is easy to make the diagnosis. In such cases in the beginning of the trouble the pain will very frequently disappear after a course of medical treatment; and in such a case we are in doubt as to there being any serious renal trouble, and we would not be justified in subjecting such a patient to an operation. It is well for the surgeon to bear in mind that our problems are more perplexing and more obscure than his, as it is only after persistent medical treatment, which fails to cure, that patients apply to the surgeon for an operation.

Severed Tendons.

When tendons of the fingers or toes have been severed, it is often necessary, in order to bring the ends together, to strongly flex or extend the joints, according to whether the flexor or extensor tendons have been injured, and this position should be maintained by the dressing after the suture has been done, in order to relieve any tension upon the severed ends. Passive motion should be made as soon as it is likely that union has well begun.—*International Journal of Surgery.*

MIAMI VALLEY MEDICAL SOCIETY.

CON W. GATCH, M.D., Secretary.

The forty-fifth semi-annual meeting was held at Loveland, O., Tuesday, May 29, 1900.

In the absence of Dr. H. A. Beeson, President, the Secretary called the meeting to order, and Dr. Thad. A. Reamy was, on motion, chosen President *pro tem*, and accepted in a few happy remarks.

The minutes of the meeting of October 10, 1899, were read and approved.

DR. CHAS. HAARLAMMERT, of Loveland, read a very interesting paper, "Two Obstetric Cases," which was enthusiastically discussed, and the author complimented by Dr. Wm. Scott, Dr. R. T. Trimble, Dr. Edwin Ricketts and Dr. Reamy.

DR. EDWIN RICKETTS, of Cincinnati, read an ably written paper, "Gall-Stones and Diseases of Gall-Bladder and Nervous Symptoms Resulting Therefrom." Drs. R. T. Trimble, Thad. A. Reamy and B. F. Beebe discussed Dr. Ricketts' paper.

The Secretary reported the death of Dr. John B. Cline, of Perintown, O. Dr. A. Morris, of Goshen; Dr. J. S. Combs, of New Boston, and Dr. W. W. Highlands, of Newtown, were named as a Committee on Resolutions to report at next meeting.

The President appointed Dr. Wm. Scott, of Loveland; Dr. A. Morris, of Goshen; Dr. J. H. Andrews, of Goshen, Committee on Nominations.

The meeting then recessed and enjoyed a grand strawberry feast at the Waldo Hotel.

At 1 o'clock the afternoon session convened with a business session.

Dr. Chas. Harmon, of South Lebanon, was elected to membership.

DR. B. H. BLAIR reported and read a memorial on the deaths of Dr. S. S. Scoville and Dr. E. J. Tichenor, of Lebanon; and DR. WM. SCOTT read a memorial on the deaths of Dr. L. W. Bishop, of Loveland, and Dr. Max Thorner, of Cincinnati.

The President spoke feelingly and beautifully of the life work and characters of the deceased members, and

the memorials were adopted by unanimous vote of the Society.

Dr. J. H. Andrews, for the Committee on Nominations, reported the following:

President—Dr. Thad. A. Reamy, Cincinnati.

Vice-President—Dr. A. Morris, Goshen.

Secretary—Dr. Con W. Gatch, Milford.

Treasurer—Dr. J. D. Wakefield, Loveland.

Censors—Dr. B. H. Blair, Lebanon; Dr. Edwin Ricketts, Cincinnati; Dr. R. T. Trimble, New Vienna.

On motion they were elected the officers of the Society for the ensuing year.

Dr. Edwin Ricketts continued the discussion of his paper as read at the morning session.

DR. CHAS. A. HOUGH read a good meaty paper on "The Optician and the Medical Practice Act," which was discussed by Drs. Herschel Fisher, R. T. Trimble and B. H. Blair.

DR. E. S. STEVENS, of Lebanon, read a very practical paper entitled: "Accidents That Occur During the Latter Stages of Parturition," which was discussed by Dr. Bonifield, of Cincinnati.

By request of the Society, Dr. Reamy talked on "Veratrum Viride: Its Uses and Doses in Puerperal Eclampsia." The subject was also discussed by Drs. R. T. Trimble, Edwin Ricketts, J. H. Andrews and Herschel Fisher.

These discussions concluded this most profitable and enjoyable meeting, and the Society adjourned to meet at Loveland, Tuesday, October 9, 1900.

IN phlegmonous inflammation of the last phalanx it is well to cut down to the bone, but if the middle or first phalanx is affected it is better surgery to avoid going through the sheath of the tendon.—*International Journal of Surgery.*

THE Czar of Russia's army is the only one in Europe that can boast of female medical officers.—*Med. Age.*

THE CINCINNATI LANCET-CLINIC

A Weekly Journal of Medicine and Surgery.

J. C. CULBERTSON, M.D.,

EDITOR AND PUBLISHER.

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317 W. Seventh St., Cincinnati, O.

CINCINNATI, JUNE 23, 1900.

Editorial.

A REMEMBRANCE—ATLANTIC CITY, 1900.

In company with a goodly delegation destined for the city by the sea, the writer arrived at the meeting place of the American Medical Association in fairly good form, shape and order on the day preceding the opening sessions. It was a first visit of most of the company to the famous modern watering place.

The city—for it is a real *bona fide* city of more than twenty-five thousand permanent residents—is unique. All cities have an individuality which is all their own, and Atlantic City is not an exception. The personal peculiarity of the city by the sea is at once observed by the visitor in the number of hotels; in fact, it is a city of hotels and boarding-houses. Of the former, there are said to be more than six hundred, in size from great caravansaries to those of modest dimensions. It is believed by the writer that a convention ten times the size of the American Medical Association could be comfort-

able entertained, and then have a large reserve. To one who has never been there it is really a little difficult to comprehend the amount of hotel accommodations that are available.

Three long piers extending far out into the sea, half a mile or more, constructed at enormous cost, with good audience-rooms on the piers at various points, afforded meeting places for the general sessions and for the sections. A serious fault was the distances between the piers, and another criticism which cannot be uttered in language sufficiently severe was the tooting of large brass bands adjacent to the places of meeting. To those who desired to listen to addresses, papers and discussions it was a brazen, impudent pandemonium over which the Committee of Arrangements either had no control or did not choose to exercise their authority. Good music has its charms, but it also has its place, and it was both in and out of place in the raggedest of rag time from the beginning to the end of the meeting of the American Medical Association in the year of our Lord 1900.

The address of President Keene was full of pertinent suggestions and a masterly effort. On one subject he placed great stress—the endowment of medical colleges. Other institutions of learning have been amply remembered in this way, and he believes the time is now ripe for making an appeal to those who are philanthropically disposed. His arguments were consistent and unanswerable.

The addresses on Surgery by Dr. Rodman, of Philadelphia; on Medicine by Dr. Vaughan, of Ann Arbor; and on State Medicine by Dr. Witherspoon, of Nashville, were great and superb efforts. One listening could not fail to be proud of the profession that is able

to produce such men and such results as were expounded by them.

The section work without exception was of the first order. Some little sensational surprises were down in the minds of some members as to be enacted in the Materia Medica and Therapeutic Section. The thing, whatever it was, did not work. Excellent papers were read, and, with the discussions, took up every hour of the four days' allotted time.

As usual, the exhibitors paid the expenses of a hospitality, so-called, and failed to obtain any credit for their outlay of cash. In fact, the writer is inclined to believe that the local Committee of Arrangements will be able to declare a hospitality dividend of no mean dimensions. The Association foots the actual necessary expenses, such as printing, hall rent, etc.

Soon after the assembling of the meeting there came the sad announcement of the death of Dr. J. T. Whitaker, which carried with it a sense of sincere sorrow to the entire Cincinnati delegation.

The triumph of Ohio came in the election of Dr. C. A. L. Reed to the Presidency, who is to be congratulated. There are few, if any, who have more honestly or worthily succeeded to this place of great honor than Dr. Reed. He has labored in the interests of the Association in and out of season for a number of years. Without disparagement to any one it may be truly stated that the great success of the Pan-American Congress was mainly due to his executive skill, tact and innate ability. From the moment of his election there was no problem to solve in the minds of any of his *confrères*, for no emergency could be conceived in which it could not be truthfully stated, without a moment's hesitation, that he would

be equal to any occasion which might arise.

In its wisdom the Association decided to hold its next annual session in St. Paul. The selection was absolutely bad, and bad as could well be, for the reason that St. Paul is without sufficient hotel accommodations for one-fourth of the members of the Association. The people of St. Paul may be, and no doubt are, as hospitable as any on the North American Continent, but they lack facilities of comfort, which cannot be overcome in one year.

The American Medical Association is an immense organization, reporting officially nearly ten thousand actual members. The Atlantic City registration showed two thousand and fifteen present, ten more than at the great semicentennial at Philadelphia three years ago. To take care of and accommodate this large number means a vast undertaking, and generally a hold-up on the part of hotel proprietors. Such charges of late have been made, and with a good show of justice. Discount rates were named as promised at Atlantic City; if any one discovered them at the cashier's desk the writer would like to have a bill of particulars. The plain fact of the matter is: more than five thousand people, perhaps six thousand, ordinarily attend the meetings of the American Medical Association, every one of whom wants a front room with bath in the best hotel in the place of meeting, and to be asked to accept accommodations in an inferior hostelry or in private residences is an offense not tolerated with a good grace.

It will be the most natural thing in the world for Cincinnati to send a very large delegation to the next place of meeting, because of and in honor of the presidency of Dr. Reed, and no doubt a good large number will go,

even when they know beforehand that their fate for a week will be to sleep on cots in a public hotel hall, with less opportunity for privacy in toilet making than is afforded in a Pullman car.

The writer met Dr. Reed, the President-elect, one morning on the Atlantic City board walk, and asked him if he knew where the next place of meeting was to be, and was informed that St. Paul was the place, which was so apparently unsuitable that a reasonable amount of indignation was expressed, and a good deal more felt that was left unsaid—fact. In the confusion of the moment the writer neglected to ask who had been named by the Nominating Committee as President, and Dr. Reed was actually too modest to mention that he was the fortunate man—another fact. There are those who will say, impossible; but all the same it is true, and the announcement of information was obtained from another source.

The now known fact that the exhibitors pay all hospitality expenses of the meetings of the American Medical Association, with a possible cash dividend for the local Committee of Arrangements, sets all sorts of plans in motion to secure the benefits to be derived therefrom.

The writer desires it to be distinctly understood that he has no ill will whatever against St. Paul; never had, and likely never will have, unless he violates his good judgment and in honor of the President-elect sees fit to make up his mind to endure all sorts of mal-entertainment for a week in his honor. Contemplative prospects are sufficient to justify a bunch of anomalous expletives not to be found in respectable English dictionaries. Hotel accommodations for large assemblages of guests is a matter of exceedingly serious import. The

facilities for travel are so great and so cheap that all organizations which deserve to live are growing rapidly, in consequence of which there should be a corresponding increase of hotel accommodations.

It will be but a few years until the American Medical Association will have an actual membership of twenty thousand, and not long until the fifty thousand mark will be reached, and then another doubling. This will all come to pass so sure as the rising and setting of the sun. As these large numbers are reached and corresponding attendance, there will come changes in times of meeting, extending the intervals.

An incident: The writer arrived at Atlantic City the afternoon before the meeting, and at once sauntered out to view both land and sea; went into place of meeting, but could not register as a delegate because of a neglect in not having his delegate credentials to present to the late Permanent Secretary. This was all right, proper and correct, but the next morning Dr. Mathews, late President of the Association, reported that his credentials had not arrived, but would come on an early train. All the vouchers in the Association were not sufficient to obtain a right of the Ex-President to enter the Assembly room of the Association, and he was literally kept out by a policeman until a delegate loaned him a badge. This was in face of the fact that the late Secretary was recognizing and O.K.ing other gentlemen's applications right along. A year ago, in response to a general feeling of the Association, Dr. Mathews, in his address, recommended a change in the secretaryship, which was done, and here cropped up an instance of personal animosity that should be sufficient to relegate the

aforesaid Secretary to the everlasting shades of obscurity forever and ever, amen and amen!

However, it may be safely recorded that the Atlantic City meeting of the American Medical Association was a great success.

FIRE—LIBRARY.

The newspapers of Wednesday this week report a small fire in the library part of the Cincinnati Hospital building; damage small. However, the flames were sufficient to call out the fire department.

The Cincinnati Hospital Library is one of the largest collections of medical books in the United States, and there are not many larger in the world. For this reason it should have a place in a fire-proof building, which should be provided by the city. At present the books are housed on the top or fourth floor of the administrative building, which, once fairly caught by the devouring flame element, would burn like a tinder box.

The city is largely a debtor to the medical profession for services rendered. The account could and should be at least partly cancelled by an erection of a building especially designed for the medical library and other legitimate purposes of the general medical profession, including hall space for medical society meetings.

The physicians of the city connected with all the reputable schools of medicine should together take this matter in hand, for all are alike interested. To accomplish the purpose special legislation will be necessary. The great value of the Cincinnati Hospital Library should not be longer jeopardized through neglect of an ordinary precaution.

It is pleasing to note that the late Dr. J. T. Whitaker bequeathed his library of about two thousand volumes to the Medical College of Ohio, and it will naturally find its way to the fire-proof library building now nearly completed in the University grounds.

A new fire-proof building for the Cincinnati Public Library will be erected in the near future. This library contains several thousand medical books.

Perhaps it would be a good thing if these separate libraries could be brought together under one roof. In this there would be many advantages, and perhaps some disadvantages, but unquestionably the former would dominate. The late Dr. Murphy's large library went to the Cincinnati Hospital.

The aggregate of the medical libraries mentioned is much more than twenty-five thousand volumes, and will perhaps reach thirty thousand, which would constitute a vast storehouse for reference and reading, and is an attractive feature of inestimable value to the city.

The little fire of this week is a warning that should be properly heeded.

TYPHOID FEVER.

The following conclusions were reached by Dr. Victor C. Vaughan after a study of typhoid among the American soldiers of 1898, as stated by him in his state oration before the fifty-first annual meeting of the American Medical Association at Atlantic City (*Journal American Medical Association*, June 9, 1900):

Every regiment in the United States service in 1898 developed typhoid fever.

More than 90 per cent. of the volunteer regiments developed typhoid fever within eight weeks after assembling in the State encampments.

Most, probably all, of the regular

regiments developed typhoid fever within less than eight weeks after going into camp.

Typhoid fever not only appeared in every regiment in the service, but it became epidemic, both in the small encampments of not more than one regiment, and in the larger ones consisting of one or more corps.

Typhoid fever became epidemic in camps located in the Northern as well as in those located in the Southern States.

Typhoid fever is so widely distributed in this country that one or more cases are likely to appear in any regiment within eight weeks after assembling.

Typhoid fever usually appears in military expeditions within eight weeks after assembling.

The miasmatic theory of the origin of typhoid fever is not supported by our investigations.

The pythogenic theory of the origin of typhoid fever is not supported by our investigations.

Our investigations confirm the doctrine of the specific origin of typhoid fever.

With typhoid fever as widely disseminated as it is in this country, the chances are that if a regiment of 1300 men should be assembled in any section and kept in a camp, the sanitary conditions of which were perfect, one or more cases of typhoid fever would develop.

Typhoid fever is disseminated by the transference of the excretions of an infected individual to the alimentary canals of others.

Typhoid fever is more likely to become epidemic in camps than in civil life because of the greater difficulty of disposing of the excretions from the human body.

A man infected with typhoid fever may scatter the infection in every latrine of a regiment before the disease is recognized in himself.

Camp pollution was the greatest sanitary sin committed by the troops in 1898.

Some commands were unwisely located.

In some instances the space allotted the regiments was inadequate.

Many commands were allowed to remain on one site too long.

Requests for change in location made by medical officers were not always granted.

Superior line officers can not be held altogether blameless for the unsanitary condition of the camps.

Greater authority should be given medical officers in matters relating to the hygiene of camps.

It may be stated in a general way that the number of cases of typhoid fever in the different camps varied with the method of disposing of excretions.

The tub system of disposal of fecal matter as practiced in the Second Division of the Seventh Army Corps is to be condemned.

The regulation pit system is not a satisfactory system of disposing of fecal matter in permanent camps.

Our board has recommended that in permanent camps where water-carriage cannot be secured, all fecal matter should be disinfected and then carted away from camp.

Infected water was not an important factor in the spread of typhoid fever in the national encampments in 1898.

Flies undoubtedly served as carriers of the infection.

It is more than likely that men transported infected material on their persons or in their clothing, and thus disseminated the disease.

Personal contact was undoubtedly one of the means by which the infection was spread.

It is probable that the infection was disseminated to some extent through air in the form of dust.

A command badly infected with typhoid fever does not lose the infection by simply changing location.

When a command badly infected with typhoid fever changes its location, it carries the specific agents of the disease in the bodies of the men, in their clothing, bedding and tentage.

After a command becomes badly infected with typhoid, change of location, together with thorough disinfection of clothing, bedding and tentage, is necessary.

Even an ocean voyage does not

relieve an infected command of its infection.

Except in case of most urgent military necessity one command should not be located on a site recently vacated by another.

The fact that a command expects to change its location does not justify neglect of proper policing of the ground occupied.

It is desirable that the soldiers' beds should be raised from the ground.

In some of the encampments the tents were too much crowded.

Medical officers should insist that soldiers remove their outer clothing at night when the exigencies of the situation permit.

Malaria was not a prevalent disease among the troops that remained in the United States.

The continued fever that prevailed among the soldiers in this country in 1898 was typhoid fever.

While our investigations show that coincident infection with malaria and typhoid fever may occur, the resulting complex of symptoms does not seem to be sufficiently well defined and uniform to be recognized as a separate disease.

About one-fifth of the soldiers in the national encampments in the United States in 1898 developed typhoid fever.

Army surgeons correctly diagnosed a little less than half the cases of typhoid fever.

The percentage of deaths among cases of typhoid fever was about 7.5.

When a command is thoroughly saturated with typhoid it is probable that from one-third to one-quarter of the men will be found susceptible to the disease.

In military practice typhoid fever is often apparently an intermittent disease.

The belief that errors in diet with consequent gastric and intestinal catarrh induced typhoid fever is not supported by our investigations.

The belief that simple gastro-intestinal disturbances predispose to typhoid fever is not supported by our investigations.

More than 80 per cent. of the men who developed typhoid fever had no preceding intestinal disorder.

The deaths from typhoid fever were more than 80 per cent. of the total deaths.

The shortest period of incubation in typhoid fever is probably something under eight days.

One who has lived in a camp in which typhoid fever is prevalent is liable to develop this disease any time within eight weeks after leaving such a camp.

M. A. B.

DR. SAMUEL G. GANT, recently elected Professor of Rectal and Anal Surgery in the Post-Graduate Medical School and Hospital, has removed from Kansas City, Mo., to No. 58 W. Fifty-sixth Street, New York City.

WHEN we open the abdomen in tubercular cases, we should carefully observe the extent of the lesions, how far the disease extends over the peritoneum, and more particularly the condition of the retroperitoneal glands. I find any amount of extension over the intestines and peritoneum interferes with a good prognosis.—H. KELLY.

SUBSTITUTION: CAUSE AND EFFECT.—An unsuccessful preparation, or one which has not gained popularity with the physician, is never substituted. It is only those articles which have, through their merit, won the esteem and confidence of the medical profession and have demonstrated their therapeutic value which suffer from this evil. Take, for instance, Micajah's Medicated Uterine Wafers, which have stood the test of time and have proven their worth to the doctor as a remedy of exceptional value in the treatment of diseases of women. This preparation was the first local application presented to the profession in the form of a wafer, and should be given the credit for this original and novel form. Solely through merit it has become immensely popular, and, as a consequence, it is most extensively substituted. Therefore, we wish to call our readers' attention to the necessity of carefully specifying "Micajah's Medicated Uterine Wafers" on their prescriptions and insisting on the same being dispensed, and to the danger of a substitute being foisted upon their patients. Do not be led astray by similar sounding names. To insure results and protect your patient, care should be taken to prescribe the original preparation.

Current Literature.

SELECTIONS FROM THE LATEST MEDICAL JOURNALS.

The Diet in Dilatation of the Stomach.

Albu (*Deutsche Med. Woch.*, No. 11, 1900, p. 180) deprecates the practice, which has been set down first by von Swieten, and then faithfully recommended by various authorities and taken in by the profession at large, of keeping patients with dilated stomach on dry diet. Von Mering has demonstrated that the healthy gastric surface is possessed of a limited power of absorption, while Moritz, on the other hand, has shown that fluid food leaves the stomach sooner than soft diet; and again, mushy food enters the intestinal tract earlier than solid diet. The whole question of diet in gastrectasia therefore hinges upon the condition of the gastric motor functions, and should be regulated not according to the existing anatomical lesion, but to the derangement of physiological efficiency. It seems, therefore, indicated to substitute, instead of the irrational dry diet, such a line of foods as will pass in the quickest, easiest, and most complete manner into the intestinal tract, as had been previously recommended by Liebermeister, Pick, Fleiner, and Kussmaul. The possible objection that fluid diet is to be deprecated on account of its reduced nutritive value holds good for water and thin soups. Milk, however, offers an ideal means of nutrition, and should be used in all possible combinations, especially with eggs and some of the artificial albumins (nutrose, plasmon, etc.), which, to the advantage of easy solubility, join that of being capable of intestinal absorption. The finer vegetables—spinach, green peas and carrots in purée form, asparagus, cauliflower, baked apples—are to be recommended. Meat should be finely chopped. Calf-brains and sweetbreads, fowl (excepting geese), and white dry fish meats may be tried. Avoid beef, pork, and game. Of pastry, nothing but light cakes and rusks should be allowed. The necessity of toasting bread hinges upon

the dry diet fallacy and may be disregarded. Butter should be used in small quantities (not over one ounce a day). It may be advisable to follow thorough lavage of the stomach with the ingestion through the stomach-tube of an appropriate nutrient mixture.—*Med. Age.*

Mechanism of Senility.

M. Marinesco read a paper on the above subject at the last meeting of the Académie de Médecine. The problem of the senility and the death of the different elements of the organism had, he said, up to the present, attracted but little attention from biologists. Quite recently M. Metchnikoff made an interesting study of that question. According to him, senile atrophy would be the result of intimate cellular phenomena, of a struggle between the elements of the tissues, struggle from which the conjunctive tissue came out victorious, the macrophages provoking the disappearance of the noble elements incapable of defending themselves. The means of arresting that senile degenerescence would be the destruction of the macrophages by an appropriate serum. Researches practiced on a large number of preparations taken from the nervous system of persons between the ages of 60 and 110 years proved to the speaker, contrary to the opinion of M. Metchnikoff, that senile atrophy was the result of intine modifications taking place in the nerve cell. Those modifications might be resumed as follows:— (1) Rarefaction and disorganization of the chromatophyle elements giving rise to a kind of senile chromatolysis; (2) formation in considerable quantity of an inert substance derived in a great part, as he had demonstrated some time ago, from the destruction of the chromatophyle elements and diminishing the nutritive and respiratory capacity of the cell; (3) disappearance of a certain number of prolongations of the cell; (4) more or less decrease of the cellular body and ending for certain cells in complete atrophy.

Nowhere were observed, in the nerve tissue of the aged, nerve cells devoured by phagocytes. On the other hand, in

the course of different pathological conditions, especially when the achromatic substance is disorganized, the nerve cell was invaded by elements playing the role of neuronophages. That condition was very apparent in certain cases of myelitis in the medulla of animals, on which was practiced ligature of the abdominal aorta, etc.

The reason of the senility of the nerve cell should be sought for, according to the speaker, in a fault of chemical synthesis, which produced disorganization of the element, and became manifest by the reduction as to the volume and the number of chromatic granulations, by senile chromatolysis, by the formation of a so-called pigmentary substance, etc.

To prevent those manifestations of degenerescence, it would be necessary to stimulate the chemical synthesis of the nerve cell by the administration of a dynamogenic substance, such as the serum of young animals.—*Paris Cor. Med. Press and Circular.*

Enterocolitis in Children.

Lyon (*Rev. de Thérap.*, March 15, 1900, p. 185) recommends the following treatment: With nursing babies the feedings should be spaced; to bottle-fed children only sterilized milk should be given, or better still one tablespoonful of boiled water every thirty minutes. Weaned children should be put upon an exclusive milk diet. If the milk is badly supported we may resort for two or more days to infusions of tea, oatmeal gruel beaten up with an egg, and chicken broth. Abdominal pain should be treated with hot fomentations, poultices, ten-minute baths at 95°. To reduce the temperature when above 102°, substitute five-minute baths at 85°, and even 75°, every four hours.

Intestinal lavage (three grains of borate of sodium in a quart of boiled water) is the best means of securing intestinal antiseptis, but this is liable to cause pains and should be used with care. Not more than four hundred grammes (one pint) should be introduced; moreover, it is advisable to use lavage only after baths and hydric diet

have reduced the intensity of inflammatory process.

Rectal tenesmus may be treated with laudanum enemata (one to three drops, according to age, in a tablespoonful of water at 100° F.), or antipyrin, one to two grains, exhibited three or four times a day in alkaline solution. In children over three years old we may use Dover's powder.

Where stools are putrid, use calomel in small doses for a child of one year (one-sixth to one-third of a grain in three or four powders, one to be given every hour). For a two-year-old, half a grain exhibited in the same manner.

When convalescing, pay strict attention to diet—no greens, no wine. Gruel, milk soups, tapioca in beef tea, sterilized milk, soft-boiled eggs, creams, brains, sweetbreads, fresh fish, are allowed.—*Med. Age*.

"The Plague of Women."

Despite the acrimonious outcry which followed the allegation that "society" women were masquerading as trained nurses in South Africa, it was commonly felt that the women had constituted themselves a plague. Since then the evidence upon this point has been accumulating, and an army nurse writing to a contemporary last week very plainly shows what a plague these society women have been. "No end of trouble," she says, "has been caused by these masquerade nurses to doctors, nurses, and poor sick, wounded Tommies. They get in everybody's way, and have no intention of working. Their idea is to take posts of authority, and 'boss' the trained nurses who have borne the heat and burden of many years in hospital." This is only a part of the picture which she draws of the harm thus caused to the sick and wounded. But the inconceivable feature in the matter is that the women were able to obtain the appointments as nurses through social influence; that is to say, that the military authorities conceded the demands merely because they happened to be made by persons "in society." We are glad that Mr. Treves has had the fearlessness to show the British pub-

lic that "society" cannot have their own way always, without bringing upon themselves the condemnation of all right-minded citizens.—*Med. Press and Circular*.

Bromide of Camphor in Epilepsy.

Hasle (*British Med. Journal*), after carefully selecting a number of cases of epilepsy from the abundant material at Bicetre, obtained the following very constant results.

1. As regards epilepsy proper (*haut mal*), the action of bromide of camphor was doubtful; and was less effectual than the mixed bromides of potassium and sodium and ammonia.

2. In attacks of *petit mal*, and in all cases of epileptic vertigo, however, its effect was incontestable; it at first diminished the frequency of the vertiginous attacks, and finally made them disappear altogether.

The condition to be observed in prescribing was to begin with moderate doses, made gradually progressive and lasting for a sufficient time. Owing to its disagreeable odor it is best to take it in capsules of 20 centigrammes, or dragées of 10 centigrammes, beginning with two capsules per diem, and augmenting by two capsules the second week, etc., till eight capsules per diem are taken, then as gradually diminishing the dose till two capsules per diem are reached and maintained for some time.—*Indian Lancet*.

Dialyzed Digitalis.

Bosse (*Centralbl. f. inn. Med.*) has had good results with a preparation of digitalis obtained by dialysis by the process of Golaz. It is obtained from the freshly-plucked plant, one part by weight of the dialysate corresponding exactly to one part of the plants. The fresh plants are probably more active than the dried. Other advantages are that all strong reagents are avoided during the process of extraction of the active constituents, whose percentage is exactly estimated, so that the preparation is a standard one. This feature is important, and is not shared by the ordinary preparations of digitalis. Ja-

quet's experiments showed that in activity it stands between Merck's digitoxin and true digitalin, and that it probably contains both glucosides. He believes that the maximum daily dose should be fixed at 80 to 100 drops, 6 to 10 drops being the usual single dose for an adult. Bosse found that it relieved all cardiac symptoms quickly, and that its diuretic effect was particularly marked and persistent. No toxic symptoms were observed. Like other preparations of digitalis its action is often not apparent for two to four days.—*British Med. Journal*.

Experiences in Operative Treatment of Malignant Tumors of the Colon.

Hr. Körte, at the Surgical Congress, reported his experiences in operative treatment of malignant tumors of the colon.

Completed operations 51. There were 6 tumors of the ileo-cecal region; all recovered, no recurrence in 3 years in 3 cases.

Six tumors of the hepatic flexure and transverse colon, 2 recovered, 4 died. No recurrence in 5 years in 1 case.

Seven tumors of the descending colon and sigmoid flexure, 4 recovered and 3 died.

Palliative operations: 12 enteroanastomoses, 3 deaths; 10 enterostomies, 6 deaths; 2 ileostomies; 8 cecostomies; 9 iliac colostomies (left); 1 transverse colostomy.

The speaker showed five cases with permanent recovery after intestinal resection for malignant tumor. Two of carcinoma of the ileo-cecal region, 8½ and 6 years respectively; 1 (tumor of the valvula Bonchiri), 5 years; 1 (tumor transverse colon), 6 years; 1 (carcinoma of descending colon), 3 years.

Ileus had a very unfavorable influence on the results of an operation. Of 29 cases in which operation was performed, ten died. As regarded delay in cases reaching the surgeon, out of 43 cases, operation was practicable in 19 only. The results obtained he does not consider brilliant, but they were an encouragement to proceed on a better line.

Hr. Kraske was a firm supporter of

the sacral method. It did everything that could be desired of a method of operation, especially as regarded mortality, as Hochenegg's material showed. His own 120 cases did not show such good results, as these embraced the unfavorable results of the early days of the operation. This student's fee had been spared to later operators.—*Berlin Cor. Med. Press and Circular*.

Gastro-Intestinal Infections in Infants.

A. Abt, M. D. (*Medicine*, 1900, page 94), in an article on this subject, concludes:

1. The acute gastro-intestinal disorders of children can not be attributed to a specific form of bacterium.

2. Toxic symptoms of gastro-intestinal infections depend upon introduction into the alimentary canal of poisonous substances which are contained in the food. For example, Vaughan isolated a toxic substance, tyrotoxicon, from milk, which was poisonous for man and animals.

3. Bacteria may be introduced from without; or the ordinary saprophytic bacteria which inhabit the intestinal canal may take on a special virulence.

4. The most severe disturbances are caused by the metabolism of bacteria; these micro-organisms by their activity either produce acids or cause decomposition of albuminoid substances; the products act as powerful irritants to the intestines, and by injuring the intestinal wall gain access to the blood and lymphatics, in this way producing the local and constitutional symptoms.

5. There can be no doubt that specific intestinal infection may occur in infants. Typhoid fever, though not frequent in very young children, may also occur.—*Pediatrics*.

It is recommended by some that a suprapubic drainage-tube be left in the bladder; but this is unnecessary where the bladder is sutured. Whenever the vesical wound is closed, a drainage-tube should usually be inserted through a boutonniere in the perineum, though a catheter per urethram may suffice.—G. F. LYDSTON.

THE CINCINNATI LANCET-CLINIC

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Original Articles.

THE FRENKEL TREATMENT OF LOCOMOTOR ATAXIA.*

BY DAVID I. WOLFSTEIN, M.D.,
CINCINNATI.

Locomotor ataxia is a disease so hopeless to both patient and physician that any measure promising any amelioration is worthy of trial. Unfortunately, the method of treatment I shall describe is not curative, but, nevertheless, it is deserving of wider publicity, and therefore has been chosen as the subject of this paper.

Since the days of Romberg, who pictured so clearly the hopeless course of tabes, but little has been accomplished in the way of alleviation. The profession has learned to make early diagnosis, but, as in most other diseases of progressive nature, precision in diagnosis has far exceeded the therapeutic advance. Early diagnosis, and a better understanding of the pathology of tabes, have taught us, however, that the frightfully gloomy picture drawn by Romberg is too sombre for many cases. There are types in which the degeneration does not proceed beyond a certain point, which, clinically at least, may be termed comparatively mild. These remain, seemingly, confined to the pre-ataxic period. In another case series, more unfortunate, freedom from ataxia, and sometimes pain, is often disagreeably purchased at the expense of a progressive optic atrophy. In still another group, with vision but little, or not at all impaired, with neuralgic pains of variable severity, there is great ataxia

with undiminished muscle-force. It is in this class of cases with muscular power well preserved, but where co-ordination has become so much disturbed as to defeat all useful movements, that our method finds its best field of action. In the "last scene of all," the so-called paralytic or post-paralytic stage, where muscular malnutrition is extreme, mobility almost nothing, with vesical paresis and mayhap crises of various kinds, there is still a hope for improvement, but manifestly benefit is only to be expected in selected cases.

The chapter on the therapy of tabes is far from cheerful; still, there has been some advance in treatment since Steinthal said, in 1844, "*tabes dorsalis therapia nulla.*" No "specific" has as yet appeared to check nerve tissue degeneration. The more progressive a disease and the more unalterable its onward and downward course, the more apt are we to hear the reproach that we have not discovered this longed-for "specific." Instead, however, of this reproach being merited in diseases of this class, for which no specific or healing antitoxin will probably ever appear, a warm welcome should rather be extended to any procedure able to alleviate any of the distressing symptoms.

Our therapeutic treasure which, at first glance, appears rich in resources, is in reality of rather inferior value. The revulsives and derivatives, the moxa and the hot iron, have passed away. Hydrotherapy and balneotherapy have only palliative and nutritional value. The aid of surgery was solicited, with no great benefit to the sufferer and not much credit to the surgeon. The nerve-stretching era has also, fortunately, passed. Similarly the suspension of the poor tabetics in crude, as well as

* Read before the Ohio State Medical Society, May 10, 1900.

in ingeniously elaborated apparatus, was useless, and the endeavors of the orthopedist in the shape of corsets were no better. A ray of hope illumined the darkness when the word went forth that tabes was a syphilitic affection, but it was soon extinguished. However divided the opinion of the profession may be regarding the etiological significance of syphilis in tabes, there is but little difference of opinion as to the therapeutic value of antiluetic medication. The profession has never been more keenly disappointed than when the hopes that it had based upon the iodides and mercury were definitely shown to be illusory. The employment of these drugs is irrational and useless, and is only persisted in because, first, there is always a chance that the case in hand may be pseudo-tabes syphilitica, or syphilitic meningo-myelitis, in which event improvement may be rationally expected; or, second, because it is a routine practice, probably harmless, and because in the poverty of our therapy there is not much else to do.

As to other methods of treatment, not much that is hopeful can be said.

Organo-therapy, a revival in scientific form of pagan empirics, with its extract of animal cords and other organs, has failed signally in tabes.

Electricity in all its various modes of application, constant or interrupted, labile or stabile, sinusoidal or static, whilst often of undoubted benefit, is never curative. Palliative at times, capable of assuaging pain, of restoring muscle-tissue to a better status of nutrition, and of great psycho-therapeutic value, electricity, too, on the whole, has been disappointing.

Massage, a much over-rated procedure, unnecessarily invested with mysterious and miraculous properties, finds in the hands of honest physicians a similar but more restricted "sphere of influence" than electricity. The critical physician must therefore admit, it seems to me, that there is in our therapy no method that is more than palliative, or symptomatic.

The method to which I wish to call attention was first introduced by Dr. Frenkel, of Switzerland. Since then

it has been endorsed and employed by such authorities as Leyden, Goldscheider, Putnam and others. The treatment has for its aim only the correction of the ataxia, and, except in an indirect manner, it is without influence upon the course of the tabes. Where ataxia is not present it is of no value.

If we recall the pathology of tabes we shall recognize that it is for the most part a disease of sensory neurons or elements. The principal disturbance of sensation is in tactile sense, and so-called muscle-sense. In ataxia the disturbance of muscle-sense is far greater than can be accounted for by the oft-times minimal tactile impairment. The posterior tracts, which are the areas involved, are the very ones which convey the afferent impulses concerned in tactile sense and muscle-sense; in other words, which gives us at all times a knowledge of the position of our muscles, as well in space as with reference to each other. It is because such impulses cannot be properly conveyed to, or transmitted within, the cord, that inco-ordinated movement, or ataxia, results. Just what is the inter-relationship between tactile and muscle-sense, which brings about harmonious muscular action, or in what manner these afferent impulses are brought into contact with the motor neurons, is still problematic. It may be stated, however, that as movements become better and better learned, and memories of movement groups are successively stored in the brain, the sensory stimuli necessary to elicit movement groups become of minimal intensity.

The ataxic with almost undiminished muscle-vigor is unable to perform ordinary movements, and much less those more complex in character. He reverts, so to speak, to the infantile period, where ataxia may be said to be physiologic. The child must first learn each new movement, and repeat it awkwardly and laboriously with great effort of will and expenditure of energy, before he can perform it with ease automatically. To quote Frenkel, "the ataxic stands in the same relation to the normal individual that the latter occu-

pies when contrasted with the tight rope walker, the juggler, or the bicycle expert, and the difference between the ataxic and the normal man is not as great as between the latter and the expert."

Frenkel believes, to quote him again, "that where there is a pathologic disturbance we must decide whether any co-ordination in certain muscle groups is possible. If this be the case, if connection between the co-ordinating centre and its corresponding muscle-group is not wholly destroyed, proper exercise may effect a compensation. The greater the concentration of will and energy with which the movement is performed the greater the result which may be expected."

The *rationale* of Frenkel's method proceeds from our knowledge that whilst much of this co-ordinating mechanism may be destroyed in the ataxic, much still remains intact at all cord-levels, and that through these intact fibres the muscles may again be taught harmonious action. The method is therefore appropriately called by the French "*re-education des mouvements*," and by Leyden very aptly the "compensation therapy."

The system consists of a series of movements with and without the help of simple, yet ingenious, apparatus, and in this sense may be said to be a form of gymnastics. But it is not gymnastics in the ordinary sense of active or passive movements. As Frenkel well says, "the object of active calisthenics is merely muscular contraction, usually with great force and suddenness, whilst passive and resistance movements are similarly executed." These methods are, of course, very valuable in certain conditions, such as improving muscle nutrition and power, overcoming contractions, etc. The Frenkel method, however, is concerned with the reproduction of normal co-ordinated movement groups, and *not* with *mere* muscle contraction made without reference to any special movement. It wishes, with minimal force and ease, to perform complex movements. In other words, it is not muscles that are to be developed, but movements. The ataxic usually has

all the muscle-vigor that is requisite, but wastes it in awkward, blundering attempts to accomplish movements for which co-ordination is wanted, not strength. This method husband's his strength and teaches his muscles to work once more in co-operation. "Movements are to be discerned, willed and accomplished until they again become automatic." Normally we execute the finest movements almost entirely through our muscle-sense—many complicated ones, indeed, as well with closed as with open eyes. The tabetic, however, as his muscle-sense becomes progressively impaired, and there is probably no ataxic without impaired muscle-sense, must rely more and more upon visual sense. He watches anxiously every move, and is utterly helpless in the dark. It is possible, however, by developing the remaining intact fibres, to improve this muscle-sense so that he becomes once more independent of visual control.

I shall not enter here into the details of the treatment. The literature references which I shall append will give those. Broadly speaking, the treatment proposes to counteract ataxia of the arms and of the legs. The arm ataxia is much the rarer, and naturally the principal interest centres in the ataxia of the lower extremities. Ataxia of the legs manifests itself at first in disturbances of a static nature—inability to stand without swaying or upon one leg, to change the position of the foot, to put one foot in front of the other. In more advanced stages there is disturbance in locomotion; patients can no longer walk, or turn around, and finally, in severe cases, ataxics lose all control of the legs even in sitting or lying, like a patient of Goldscheider's, who, at night, had to light a candle to find his legs.

Goldscheider gives a complete and systematic account of the method, and his plan is briefly about as follows:

First, primitive exercises of precision made lying in bed, such as (a) raising and lowering the intended leg; (b) movements of abduction and adduction; (c) movements in imitation of walking; (d) a small step-ladder is

placed at the foot of the bed and the patient attempts to reach the various rounds.

Where the patient cannot move his legs much, Goldscheider has an ingenious pulley arrangement over the bed in which the leg, in a swing, is balanced by a bag of shot, thus overcoming gravity and enabling him to raise and lower the leg. Where this cannot be done the hand of the assistant, by supporting the leg, renders a like service.

Next, exercises in sitting position of various kinds with various forms of apparatus, and finally static exercises in the standing position, such as treading movements, climbing movements, and attempts to walk. Walking is best learned in a walking-chair on the pattern of the infant's walking chair. A walking chair on rollers and opened at the back encloses the patient, and is perfectly safe.

It would be wearisome to give further detail. It is a valuable method, and one which any practitioner can easily master. The requisites are:

1. That the simplest movements be first attempted and well learned before trying more complicated ones.
2. That great patience and perseverance be manifested by patient and physician.
3. That the movements be constantly supervised by one competent to do so, either the physician or a trained attendant.
4. Great precision in execution of the movements, care being taken never to exhaust the patient, with plenty of rest between the exercises, and that the number and duration of the exercises be gradually increased.

The results are often surprisingly good, even in some cases of paraplegic ataxias. It is recommended in severe cases to improve the general condition first by rest, massage and liberal diet. Cases are described where great degrees, of ataxia have been removed, so that apparently paralytic cases were once more put upon their feet. In many cases the co-ordination is so far re-established as really to be equivalent to a cure. Relapses, however, are apt to occur unless the patient keeps up a

moderate degree of exercise and practice.

As has been said in arm ataxia, with the aid of simple movements and appropriate apparatus, the greatest improvement is possible. As regards apparatus, it is for the most part simple, and any practitioner can easily substitute simple things for the more complex ones advised.

It has already been observed that many ataxics tire very easily. Some few seem not to undergo fatigue at all. In the former case extreme care is necessary lest we exhaust the fund of muscle-power present, as well as in the latter, where the sense of fatigue does not manifest itself and the muscles may be completely exhausted without the knowledge of the patient.

In another class of cases, which may be termed the hyperesthetic or neurasthenic, the ataxics are averse to all movements on account of pain. These, as in the case of neurasthenics, require a little forcing.

There are some very important contraindications against the use of the method:

1. In those cases of tabes which run a very rapid course (two or three years), where there is progressive and rapid development of the ataxia—acute ataxia. Here we shall only do harm.

2. Where there is some complicating affection, such as cardiac or renal disease.

3. Cases complicated by arthropathies, peripheral neuritis, etc.

Two other conditions accompany tabes that often defeat our attempts, or greatly limit the amount of good that could be accomplished.

The first is the *hypotonicity* of the ligaments and muscles which is peculiar to most cases of advanced tabes. The joints are so lax, the ligaments so easily stretched and the muscle tone so lowered, that we have abnormal mobility present. The extended leg, *e.g.*, may be flexed much farther on the pelvis than normal. Manifestly this increased mobility, which prevents proper fixation of the joint, especially when combined with deficient muscle-sense, interposes an almost insurmount-

able obstacle. Goldscheider, in such cases, first improves muscle nutrition and then bandages the legs or arm to secure greater fixation, and in some cases still manages to achieve good results.

The second adverse condition is *extreme deficiency of muscle-sense*. Where this valuable sense is so lacking that patients have no knowledge of the position of their limbs we are not likely to benefit their ataxia very much.

The object of this little paper has been to acquaint the general practitioner, especially, with a simple method by means of which one of the most disagreeable symptoms of tabes may be ameliorated. The restoration of a good degree of co-ordination restores also the sufferer to a more hopeful mental state, opens to him a greater field of usefulness, and even at times reacts favorably upon his neuralgic pains and crises. His general condition usually improves, and many cases are made to feel that, as compared with their previous state, they are indeed cured. We substitute an active therapy based upon good reasoning, and which has already achieved good results, for a passive nihilism, or the more irrational antisiphilitic medication.

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TANNALBIN is said to arrest the superabundant outpouring of mucus in the stomach, thus removing one of the favorable media for the growth of micro-organisms. In the acute diarrheal affections of children, especially accompanied by slimy, mucous stools, it has proved of signal service.—*Journal of Medicine and Science*.

TREATMENT OF HEMORRHOIDS.

BY GEO. J. MONROE, M.D.,
LOUISVILLE, KY.

Mr. Whitehead, of England, originated a treatment for the cure of hemorrhoids by excision. His operation is as follows: He separates the mucous membrane from the skin at the verge of the anus through its entire circumference; he then dissects up the mucous membrane, together with the hemorrhoids, until he has reached above the piles. His manner of doing this is to hold the piles with a toothed forceps and do the dissection with a scissors. The next step is to divide the mucous membrane above the hemorrhoids, thus removing them entirely. Now he stitches the edge of the mucous membrane to the skin by a number of fine stitches. He believes that all the hemorrhoidal-bearing part of the rectum should be removed. The arteries that bleed he catches in an artery forceps and twists them. He claims that no ligatures are necessary, for as soon as the mucous membrane and skin are properly adjusted the bleeding ceases.

The above, in brief, is Mr. Whitehead's method. It has not become a popular treatment in this country. It has been used to some extent, but it is a bloody and troublesome operation, and never will be commonly used. There are other operations which can be more easily performed and give more speedy cures.

The ligature has been used for thousands of years for the cure of hemorrhoids. It is claimed that it was used before the birth of Christ, and has been continually used up to the present time. Hippocrates used the ligature in removing piles. It has probably stronger and a greater number of endorsements than any treatment at the present day. Such noted specialists as Allingham of England, and Ball of Ireland, Van Buren, Bodenhammer, Mathews and others of this country, have favored the treatment. The ancients used the operation by ligature very much the same as we do now. The principle has always been the same—that is, to cut off the circulation of the hemorrhoids. Some prefer ligating the

entire tumor, while others transfix the pile, using a needle with a double thread, and tying each half of it. There is not much choice between the two methods.

The patient should be prepared for the operation by thoroughly emptying the bowels. I described in my last paper how this should be done. The anus and scrotum should be well scrubbed with Castile soap and water. Give the patient chloroform and place him on the left side, with the left arm thrown back of the body. Have an assistant hold the legs well drawn up to the abdomen. I do not believe it makes much difference which side the patient lies upon. The sphincter muscles must be thoroughly divulsed. We can now see the piles. Use some good toothed forceps; Dr. Mathews' is good. Catch the pile and draw it down outside the anus. Separate, with scissors, the pile from the mucous membrane and skin until we can get a ligature round it, or we can transfix it and ligate each half separately. The best ligature is strong braided silk. The ligature should be tied as tightly as we can tie it. We should be particular that the first knot does not slip. We had better tie three or four knots. Some cut off the top of the hemorrhoid. I do not do this, but allow it to slough off. In this case there is no danger of the ligature slipping off the tumor. Ligate each pile the same way. Now we may oil the parts well with vaseline and boracic acid and press them up above the sphincter. Place a pad of borated cotton or iodoform gauze over the anus and fasten with a T-bandage. The bandage should be drawn up pretty tightly. The patient is more comfortable if there is a good deal of pressure from the bandage. There is a good deal of pain for several days; this is especially so for the first twenty-four hours. Very often we have severe spasmodic contraction of the sphincter, repeated every little while for thirty hours. I put my patient to bed and give him a half-grain of morphine sufficiently often to control the suffering. The ligatures cut through in about seven days. We seldom ever get our patient

out inside of three weeks; sometimes it is much longer. The death rate from the ligature is very small, probably will not exceed two in a thousand. The cure is permanent, as a rule; occasionally we do have a return of piles, or, more properly speaking, new piles may form.

The clamp and cautery will now for a short time engage our attention. As near as I have been able to learn, this method of treatment originated with a Mr. Cusack, of Dublin, Ireland. When I say Mr., of course I mean doctor. Doctor is not used for medical men in the British possessions. Mr. Henry Lee first used it in the city of London. Mr. Henry Smith brought it prominently before the medical profession in England. I think this was in 1864 or 1865. It became a very popular method of treatment in Great Britain. Soon it was used in Germany and France. It soon reached America and is now used by a number of noted rectal specialists in preference to all other methods, to wit: Dr. Kelsey, of New York; Dr. Gant, of St. Louis, and others. We now have clamps that are nearly perfect. The trouble has been with the majority of the clamps that they did not produce equal pressure upon the tumor. It is not so very difficult to perform this operation, though more so than in using the ligature. We do not have very much pain following this treatment, not as much as from the ligature. There are a number of good clamps in the market. The best, I believe, is Dr. Gant's.

The patient should be prepared for this treatment the same as he would be for the ligature. Chloroform is given and the sphincter stretched. Each pile is caught by a toothed forceps, drawn well down and dissected up as in using the ligature. The clamp should be placed upon the base of the tumor and tightened sufficiently to cut off the circulation. Take a scissors and cut off the hemorrhoid rather close to the clamp, then with the Paquelin cautery, the irons at a dull red heat, cauterize the entire surface of the tumor; or we may use any iron at a red heat. My cautery was out of order at one time

and I used the family poker with perfect success. When we are satisfied we have burned the entire surface of the tumor we loosen the clamp a little, and if there are any points that bleed we tighten the clamp and burn again. Before taking the clamp entirely off we should be sure there are no bleeding points. We operate upon each hemorrhoid in the same manner. When all are treated we should wash the parts with boracic acid and water, one ounce to the pint. Apply a cotton pad or iodoform gauze and fasten with a T-bandage. We should be very particular in using the cautery not to burn the skin. If we do we will have a good deal of pain following. If the piles are small it is difficult to adjust the clamp. I am in the habit of treating the small tumors hypodermically and the large with the clamp.

With a good deal of experience we can use the clamp speedily. Searing the bleeding surfaces takes longer than any other part of the operation. Healing takes place after this method of treatment more rapidly than it does after any other. While the ligature is cutting its way through a pile healing has been going on where the clamp and cautery have been used. I have known the base of tumors to be healed over entirely in seven or eight days, while it takes that length of time for a ligature to cut through. Of course, some healing has taken place while the ligature has been cutting, but after this has been accomplished there is quite a surface to heal.

One of the great objections to the use of the clamp and cautery is a liability for hemorrhage taking place some time after the operation. I have known one case to die from this hemorrhage. I have known several others to nearly lose their lives. You cannot, in case of hemorrhage, catch up the base of the tumor to either apply the clamp or ligature. The best thing to be done is to thoroughly tampon. When I treat of hemorrhage of the rectum I will describe how this is done. There is very little danger of blood poisoning or tetanus; not any more so than after any other operation. I never had pyemia

or lockjaw follow any operation upon the rectum. The cure usually is permanent. It is eminently a good treatment, but I do not believe it will be so generally and universally used as the ligature. It requires more skill to use it than it does to use the ligature, and the liability for hemorrhage to take place will deter many from using it.

There are new treatments being devised constantly for the cure of hemorrhoids. Dr. Merrill Ricketts, of Cincinnati, has a treatment which I think he calls submucous ligation. I am not conversant with the method, but I judge from the name that the ligature must by some means be applied to the veins supplying the pile under the mucous membrane.

I noticed a few days ago a treatment as follows: Apply the clamp, cut off the tumor, then bring the edges together with fine stitches.

I never use suppositories after any treatment of hemorrhoids. I formerly did use them, but they act as foreign substances in the rectum, causing a desire to strain to get rid of them. This straining is what we do not want at this time. If anything is needed to control pain, and usually there is, we may give a hypodermic injection of a quarter of a grain of morphine or give by mouth a half-grain.

It is better not to have the bowels move for three or four days after treatment. We may then move them by one or two seidlitz powders or a tablespoonful of castor oil.

Patients should be kept in bed until the base of the tumors are healed over. Sometimes healing may be expedited by the local application of carbolic acid one part, olive oil three parts, mixed. This may be applied with cotton wrapped upon a probe.

It goes without saying that the parts should be kept clean. I find nothing better for this purpose than the boracic acid, one ounce to the pint of water, using cotton for a sponge.

Should the urine be retained apply over the bladder cloths wrung out of as hot water as the patient can bear. If this does not succeed in causing the patient to urinate we must draw the

urine. We had better use soft rubber catheters for this purpose.

We had better keep our patients upon low diet for several days at least. The more cheerful the room and surroundings the better contented is the patient.

I am often asked if hemorrhoids ever return. My experience is that they do occasionally, it matters not what method of treatment has been used.

In my next paper I will take up hemorrhage and irritable ulcers or fissures.

Room 30, Courier Journal Building.

Three Hundred Pounds of Cow's Excrement Consumed Daily.

Professor Conn, of Wesleyan University, in a discussion of the subject of dairy bacteriology, made the statement that the ordinary sediment from milk, when observed through the microscope, is found to consist of sticks, insects' legs and wings, hay, blood, and pus; in fact, almost everything possible in the way of dirt, a large part of it being excrement. It had been estimated that New York City consumes, daily, three hundred pounds of cows' excrement.—*Modern Medicine*.

Ichthyol in the Treatment of Fissure of the Anus.

Conitzer (*Münch. Med. Woch.*, 1899; *Centralbl. für Gynäk.*, December, 1899) obtained most satisfactory results in the treatment of anal fissures with ichthyol. The fissure is first anesthetized with cocaine, and pure ichthyol is applied with a bit of cotton on a glass rod. For subsequent applications, which are made every other day, anesthesia is generally unnecessary. Cicatrization is usually very rapid, and stretching of the sphincter is not necessary. The bowels must be kept free.—*N. Y. Med. Journal*.

CONGRESS has appropriated \$1,210,000 for the purchase of land and the erection of new buildings to meet the increased demand on the Government Hospital for the Insane at Washington, D. C.

THE WALKER-GORDON METHOD OF FEEDING.

BY W. H. DE WITT, M.D.,
CINCINNATI.

It is not with the view of criticising the Walker-Gordon method of infant feeding that I pen these few lines, but rather to direct attention to the expense attending it and the impossibility of placing it where it would do the most good. It certainly has a wide range of usefulness if properly directed. No one will question the importance of securing a carefully and scientifically prepared milk food, and, in so far as my observation goes, the modified milk meets as nearly as possible every requirement, but the expense attending its use is a serious drawback. I confess I do not understand why the Pasteurization and formularization of this particular food should call for such exorbitant charges. For example, a child under my professional care was placed on this food, receiving six feedings per day of three ounces each. The bill rendered at the end of two weeks was at an average of about fifty cents a day. The expense, of course, increases proportionately with the age of the child. Now this child, when I began administering the food, was in a most deplorable condition. Improvement began with the first few feedings, and at the present writing its condition is all that could be desired. In little more than two weeks' time it has increased in weight four pounds. The father called at my office yesterday and informed me that, owing to the expense of the food, they would be forced to discontinue its use. To return to the old or former method of feeding will, I am quite sure, reestablish the gastrointestinal trouble. The father of the child is an industrious, hard-working man, receiving but a moderate salary. He is desirous of doing all that he can for the child, but feels that this is beyond his means and out of the question. Now this is only one of many instances occurring in the practitioner's everyday experience. It is to this class that this method appeals, and they comprise or make up the larger proportion of our

population, and it is among this class particularly that this method of feeding should be introduced. In every large city hundreds of children die annually from lack of care and proper feeding. Foods are given without regard to quantity or quality, foods that are not assimilated, and the natural sequence is gastro-intestinal troubles and finally death from malnutrition. Among the rich, or even those in moderate circumstances, the expense of food supply is hardly to be considered, but it is, unfortunately, not this class that make up the larger proportion of our population.

This subject certainly presents a wide field or range of usefulness. I am satisfied that by the introduction of this method infant mortality could be reduced to the minimum; not alone this, but I believe the future of the individual, the mental and physical status, depends to no small degree upon proper care and feeding during the early developmental period. A stronger, hardier race would spring up if the proper hygienic methods were enforced. It does seem to me that there must certainly be some way of overcoming this one serious objection. If the leading secular papers of the city would present this matter in its proper light some charitably inclined individual might be prompted to step forward and practically solve the problem—if not to furnish it gratuitously, at least at prices within the reach of all.

Changes in the Skin in Paralysis Agitans.

Reuling (*Maryland Med. Journal*, March, 1900) calls attention to changes which take place in the skin of patients suffering with paralysis agitans. The change is readily noticed in the skin of the forehead. The patient is asked to look upward for two minutes, and then downward. In this disease three or four minutes elapse before the wrinkles disappear. Fraenkel, who first called attention to the skin changes, attributes them to a thickening and loss of elasticity. A microscopical examination of a case showed an increase of connective tissue.—*Modern Medicine*.

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CINCINNATI, JUNE 30, 1900.

Editorial.

CHINESE BOXERS, THE "KNOW-NOTHINGS" OF CHINA.

The uprising of a large class of Chinese men and their antagonism to the foreign element in their land reminds the writer of a similar uprising in our own country.

The United States Census Reports show that in the decade of 1830 to 1840 there took place a great immigration to Cincinnati, which was more than sufficient to double the population of 1830. The stream of migration continued through the succeeding decade, and the reports show a similar doubling process. This condition became alarming to many who were American born. The public offices were all slipping into the hands of those who were of foreign birth, or who affiliated with that class. In order to check this condition of affairs, a so-called American political party was organized, which, because its meetings were held in secret, received the name of the "Knownothing" party. Over this there followed an exciting period in the political history of the country. The American party spread

rapidly to other cities, and was accompanied by riots and much bloodshed. One of the worst was in this city, and was a significant factor in stopping future immigrants from coming to the Queen City. The revolt was so great and positive in its far-reaching influence that it struck at the very foundations of prosperity.

The Knownothing riots of 1854 were followed by the monetary panic of 1857, which in turn was succeeded by the war of the rebellion, from which time the city grew slowly until the present period, which is one of comparative great prosperity. In population and expansive movements there are more favorable impulses prevalent than at any period since the well-known Knownothing movement. There has grown up a new generation, with a new sentiment, and in place of antagonism to outside influences there is a growth of cosmopolitanism which encourages new movements focalizing to this vicinity.

The Boxers of China are animated by identically the same motives as the old American or Knownothing party of this country, and they will have a similar history to record. They are having their riots, with bloodshed, and the movement is already assuming international importance. The great nations which represent our modern civilization are not standing idly by as witnesses of the outrages being perpetrated upon their subjects.

There is a brotherhood of nations as well as a brotherhood of man, and this is being demonstrated as never before. The sentiment that this stands for may possibly involve the whole world in the bloodiest war ever known, but all history is written in blood, and through the shedding of blood there comes a cementing of ties which otherwise can never be severed.

The Chinese Boxer movement seems to have behind it several millions of men—three to four millions reported. The probability that this number will be increased is very great. The nations of our western civilization have but a very few thousand soldiers in the field, and these will certainly meet with serious reverses. The navy strength is irresistible, and will be able to destroy all seaports not now in possession of the combined powers. China has a good long seacoast, much of which is already held by other nations, but the fact will still remain that there is a population approximating four hundred millions of people to overcome. In such a nation life is of little value, and immensity of numbers may literally overwhelm any ordinary army.

China as a nation can live upon its own resources and abandon its seaports. The Boxers may obtain possession of the Chinese Government and be strong enough to defy for years all attempts at encroachment. This is offset by the great Slav contingent of the north. The most astute statesmen of all the nations have before them problems to solve of the greatest significance. In any event there is certain to be a visible changing of boundary lines on the maps. The Knownothing uprising in America was but a miniature of the Chinese Boxers. So far as known, the purpose of the two revolts are practically identical. The results will be quite different.

It has been proven beyond a peradventure that a healthy growth of individuals and nations comes through renewal processes brought about by movements of people and change of residence. China has never advanced, living on tradition. Other nations grow and prosper because the people move from one locality to another.

The bane of Cincinnati is the intense love of the people for home, and they selfishly live and exhibit the old Know-nothing spirit.

Queen City mechanics are constantly in dread of competition by workmen who live elsewhere. The very education of the public schools is permeated by this dogmatic and illiberal spirit. This is manifested by opposition to any appointments of new teachers from other localities. Cincinnati for a whole half-century suffered from a congestion and stagnation, which has been productive of the worst results that could possibly happen to a municipality. There must be a rejuvenating through new blood all the time. New teachers with new ideas are the greatest necessity to the public school system. This very factor would naturally bring new people.

One of the most encouraging things in educational lines has been the bringing of a new President to the University and a new Superintendent of the public schools. The University has been reorganized very completely through an introduction of new blood, and the city is a great gainer in consequence. Less in this direction has been done in the public school system. So much was not necessary, but there should be more and more every year.

The conditions of a greater Cincinnati are apparent to any observer of municipal affairs. For manufacture there is no geographical point where so many conditions are favorable. Fuel, the original source of all power, is, all things considered, cheaper in Cincinnati than in any other large city. Raw material from mines and woods are both cheap and accessible. The surrounding country is capable of sustaining an immense population. With these conditions there is wanted a new

life that comes with new people, and the most needed of all the new people are new educators.

The writer is not antagonistic in a personal way to a single teacher now in the schools, or to any applicant for position, but does stand for a principle that is an inviolable law of nature. There must come a renewing process from without, which never can come from within.

No one can be justly criticised for having intense home attachments; they are beautiful to behold, but in their results they run out. All of the time there must be an introduction of new blood.

A lot of people have characterized the writer as an enemy of German in the public schools. This is an unjust accusation. He is greatly opposed to the extent and method used at present in the teaching of German, and believes it can be very greatly improved in the direct interest of those who favor that language. The unnecessary extent is shown by the enormous cost, for which the poorest sort of results have been attained, which is conceded by many of the best educators.

The writer is opposed to everything that even squints at the principles involved in Know-nothingism. Such principles are in opposition to all expansion of thought, and in antagonism to statesmanship of the highest order. The intelligence of the world is diametrically opposed to such ideas. It is published that the entire foreign population in China, against whom there has taken place the Boxer uprising, is less than six thousand, which is a mere handful among so many; but few as they are they will have behind them the greatest military powers of the earth, and the Boxers must go. They are not in accord with the spirit of the age. They need

teachers who will instruct them in a new and better way.

THE FINANCIAL VALUE OF THE MEDICAL PROFESSION TO A CITY.

In a recent number of the *Philadelphia Medical Journal* the editor sums up in an appropriate way the revenue that normally flows into a city that is a medical centre because of professional influences, and makes a showing of more than five millions of dollars as a result.

In this, Philadelphia is given as a representative city. Similar conditions pertain in Cincinnati. First as revenue attractors are the medical colleges, not one of which could successfully open its sessions with the patronage of those alone who live in the city. Then come consultations and hospitals, book-sellers, instrument shops, railroads and other beneficiaries. There is no other one class of people who influence travel so greatly as physicians, and yet this is scarcely recognized by those who are directly concerned.

There is no doubt whatever but that the railroads would be profited in making special rates of a cent per mile, or even less, for physicians to all of their society meetings. There are good reasons for such action, even beyond the question of directing travel, to be found in the character of work done at such assemblages. It is always more for the benefit of the public at large than for any personal aggrandizement that may come to individuals. The railroads are not only common carriers, but their charters give them a right of "eminent domain," which places them under specific obligations to the public. So in a large sense, through the philanthropic characteristics of work constantly done by physicians, they have

a positive claim to preference in rates. The legislature recognizes this in making specific requirements of railroads in stoppages of trains for the accommodation of physicians. All civic government hinges upon the good health of the people, and the railroads are correspondingly profited by a prosperity that enables people to travel, and prosperity lags in the lurch when good health is absent.

The medical profession as a body is a potent factor in the commercial affairs of any city. This is becoming more and more recognized from year to year.

VACATION.

Vacation time is here, and there should be a general shifting of place. The very act of changing is a wholesome one. This is particularly applicable to children. If it were possible, all children should be sent to the country at this time of year, and at least there should be a turning of the eyes in that direction. The idea of country schools for city children is growing, and will bear fruit abundantly in the near future. An adjunct to the country school idea is another that is like unto it, and that is country churches for city people. A lot of these things are possible. What is really at the foundation of these thoughts is an effecting of change of environment by which the State can be profited through a rearing of better citizens. Rapid transit means much more than a superficial consideration. Country schools for city children and country churches for city people will soon be followed by country homes for city toilers. Tenement houses, flat and apartment houses are all a device of Satan. In times past, when horse cars or no cars were in vogue, they seemed to be a necessity, but those con-

ditions have given way to steam and electricity, which are to be followed by a shifting of entire municipal populations.

How to Stop Coughing.

The *Virginia Med. Semi-Monthly* correctly states that coughing is precisely like scratching a wound; so long as it is continued, the wound will not heal. Let a person, when tempted to cough, draw a long breath and hold it until it warms and soothes every air cell. The benefit will soon be apparent.—*Canada Med. Record.*

BRIGHT'S DISEASE.—A very beneficial influence is exerted in Bright's disease, where there is a waste of albumin, by the continued administration of Cystogen in five-grain doses every three or four hours. It soothes the inflamed kidneys and retards the waste of albumin and the destruction of the tubules. In cases of recent origin the specific gravity rises to normal and the color of the urine resumes its characteristic richness.

ACNE DUE TO GENERAL WASTE.—Mrs. B., a pale blonde of twenty-six, came to see me for a cachectic acne with which she had suffered for several years. Her nourishment appeared below par, and she steadily and slowly decreased in weight, complaining of lassitude and a general feeling of being unable to get about as she should. She was given the regular treatment for acne which I am in the custom of using, but it did not seem to produce the desired effect. Deeming that an improvement in her nutrition and assimilation would exercise a beneficial effect upon her cutaneous trouble, I ordered the following:

Cord. ol. morrhuae comp. (Hagee), $\mathfrak{z}\text{xvi}$.
Sig. Tablespoonful after each meal
and at night.

In one week she reported a net gain of four pounds and the eruption was in better condition, so much so that the effect of the cordial was patent. From inquiry I elicited the fact that the appetite had increased, assimilation was better, and a general sense of comfort had replaced the bad feeling which had formerly prevailed. At the present date, three months after the inception of the treatment, my patient weighs twenty-six pounds more and is rid of her acne.

I have used Hagee's Cordial with uniform good results, and it is without doubt one of the best reconstructives now offered to the profession.—A. H. OHMANN - DUMESNIL, A.M., M.D., St. Louis, Mo.

Correspondence.

ETHYL CHLORIDE NARCOSIS.

VIENNA, AUSTRIA, May 28, 1900.

Editor LANCET-CLINIC:

In connection with a recent article in the *Münchener Med. Wochenschrift*, by Lotheissen, on general narcosis by ethyl chloride, I think that it may be of interest to the readers of the LANCET-CLINIC, to hear a few notes taken in Innsbruck during a Bassini operation by this gentleman.

The inhaler used for ethyl chloride is metallic, with soft rubber edges, and is surmounted by two projecting tubes. One tube contains an exhalation valve, and the other, containing the inhalation valve, terminates in a spherical ball containing gauze and provided with a narrow slit which admits the stream of ethyl chloride from an ordinary tube, and also the air. The patient did not take kindly to the anesthetic, but the inhaler was held firmly in place, as was also the patient, by the aid of four men. This struggling, cyanosis and talking continued until the watch indicated that the patient was ready for operation, when the incision was made. Much to my surprise, he gave no evidence of pain. Throughout the operation, which lasted about twenty minutes, the patient required the services of two or three orderlies to keep him quiet, inasmuch as he was relaxed only for brief intervals. The patient vomited once during the operation, and slightly after the removal of the inhaler. He was almost immediately awake, talked freely with the surgeons during the application of the dressing, and helped himself from the table to the cart.

This was an interesting experience to me, inasmuch as my previous ideas as to the method and scope of ethyl chloride narcosis were very vague. From a single observation I should not be inclined to use this agent for anesthesia.

The anesthetic used here in Vienna at present is Schleich's combination of chloroform, ether and petroleum ether. Without venturing to give an opinion or to give results, I have observed an

unusual number of resuscitations and one death from this anesthetic during the past two weeks. The death occurred in a man operated on for tubercular metacarpal bone.

Yours sincerely,
H. J. WHITACRE.

Treatment of Gonorrheal Epididymitis with Salicylates.

Bettmann (*Munch. Med. Woch.*, No. 38, 1899) treats this affection with a mixture of one part of pure methyl salicylate and two parts of olive oil applied to the scrotum and protected by gutta-percha paper and a suspensory bandage. The dressings are changed every two hours, and that the salicylic acid is absorbed is proven by the urine showing reaction of the salicylates after the application with the preparation. The objective course of epididymitis is not markedly influenced by this treatment, but there is a prompt relief from pain.—*Med. Age.*

KEEP TAB ON TIME.—Believing thoroughly that "a thing of beauty is a joy forever," and that an article of beauty and utility combined is worthy of preservation, the New York Pharmacal Association has prepared for distribution to the medical profession a handsome and artistic *perpetual* calendar, which is now ready for mailing. Instead of presenting a calendar at the beginning of the year, according to the usual custom, the above company prefers the season when the physician is not deluged with all sorts and conditions of chronological recorders, and is thus better enabled to welcome and appreciate such an addition to his office. The new Lactopeptine Perpetual Calendar is not intended for hanging upon the wall, but to stand upon the doctor's desk, and for this reason has a strong easel back to support it. The coloring is exceedingly soft and attractive, consisting of delicate shades of lavender, purple, crushed strawberry, and buff-yellow. The few words relative to Lactopeptine are entirely unobtrusive, and do not interfere in the least with the general artistic effect. In the near foreground on either side are two gracefully-draped female figures with flowing hair; around the edges appear the various signs of the zodiac. One of these calendars will be sent to any physician who may request the same.

Translations.

PARISIAN MEDICAL CHIT-CHAT.

TRANSLATED BY T. C. M.

Gyp and the Doctors—A Love Affair the Cause of the Anti-Semitism of the Countess—A Curious Urinary Analysis Wherein It Is Proved How a Quart of Urine Turned to Sweet Cider between Elbeuf and Paris.

Who has not read the various brilliant works of Gyp, the untranslatable? Of late the Countess is said to be off her base; this is usually said of those who do not observe the social conventionalities. Gyp, in the *Libre Parole* of May 20, uses the following phrase: "We entered a street that is a prolongation of the Rue de la Sante. A carriage like that used by physicians no longer young and stylish, or by old ladies, was stationed at the entrance of this street. I have but little confidence and mistrust such persons."

How can one find this carriage like "one used by physicians no longer young and stylish," that Gyp compares to that used by old ladies?"

We notice that Countess Gyp is in the habit of visiting young and stylish doctors, the swells and dudes of medicine. It is such she no doubt took for models in her beautiful book published several years since under the rubric "Nos bons medecins" (Our Good Doctors), in which she villified the old-time regular profession.

Since we are upon this subject, permit us to furnish a bit of information for the benefit of the parquet, not to mention the medical pit and gallery.

It was Karl de Q. de Bourepaire who did the thing. The Countess Gyp is seventy and fell in love; she did this voluntarily. She rode about in a carriage with the young man. She drove him about town. He proved as gentle as a rabbit in a bacteriological laboratory. Finally, Karl fled, leaving the Countess Gyp in a melancholy of disappointment. After long waiting she decided to return to her lodging, eating all the carrots along the road for can-

solation. She then turned about and took out her grief in long anti-Semitic diatribes in the *Libre Parole*. Karl now proposes to furnish the *Figaro* all the documents relative to this love affair. This will be pleasant for Gyp, and will avenge the older members of the Paris medical profession, whom Gyp has so bitterly abused.

* * *

The following story of a curious urinary analysis is going the Parisian rounds:

CHAPTER I.

Wherein it is proved how a quart of urine was changed into sweet Normandy cider between Elbeuf and Paris.

About a month since one of our younger and more sympathetic *confrères*, a very distinguished bacteriologist, received a visit from an honest Norman, an inhabitant of Elbeuf, who, after the usual formalities, announced that he was there to consult the doctor because he had heard he was very learned and could doubtless give good advice. He desired to impress on the doctor's mind one fact, *i.e.*, that it was his wife who was the patient, as he himself was in good health. He had been united to his dear spouse for twenty years in the happy bonds of matrimony, but lately her ill health had inspired him with the most serious disquietude. Then he described all the symptoms of the patient, and never forgot to mention one, since it took three quarters of an hour from his first words until he was checked up by the doctor, who grew impatient at the long discourse. To shorten this interesting consultation, that threatened to be spun out for two hours more, Dr. Borlerin explained to the man that he was not engaged in the active practice of medicine, but was especially occupied in bacteriological analysis; that in the present instance the condition of the Norman's wife appeared to be very serious, and that a real scientific analysis of the woman's urine might be made; that it would be well to send him by express about a quart of the fair dame's water, so that he could make a micro-

chemical analysis and arrive at a scientific medical conclusion, adding, not without reason, that any doubts presented might be cleared up and the regular family physician could meet the indications; that he would send back a report to the husband on the condition of the woman's urine, and outline a truly scientific course of medication, that could be easily followed by the family physician, "who," said the bacteriologist, with the usual sneer, "was no doubt competent to treat a case after a real scientific diagnosis had been made by a specialist."

The Norman was delighted, enchanted; the moral effects of culture-tubes and microscopes had their usual influence on ignorant eyes. He paid a large fee to our very scientific *confrère* and left Paris for his home at Elbeuf.

"There is but one Paris," he said to himself, "and it is only in cities like Paris that one can really find great doctors. None of the doctors in my neighborhood ever thought of examining the urine. Certainly, I shall send a half-gallon of the urine to that doctor, who, God be thanked, appears to have much knowledge."

On arriving at home the Norman informed his wife of all that had occurred, and the wife, with laudable zeal and true enterprise, put herself to work next morning to void a half-gallon of urine; the task was easily completed. The golden liquid was gathered with care and placed in a clean glass bottle of the required size. "It is best to send two quarts instead of one," said the Norman; "besides, it costs but little more to ship it." So bottled and corked it was sent by express to Paris, and duly directed to our good doctor.

Here is where the epo-pee commences. Rabelais makes Panurge say, in the consultation he demands of Rondibilis, the physician, in order to know whether he will be *coeu*. "*Stercus et urina medice sunt prandia prima.*" And our readers will remember Rondibilis responds, equivocating, "*Stercus et urina sunt vobis prandia digna.*"

In this story it is not physicians, but internal revenue tax collectors, to whom

this response made by Rondibilis must be applied. All the world knows that everything that passes through the gate of Paris, even butter and eggs, must pay a small tax to the municipality. All edibles and drinkables must be declared.

The half-gallon bottle of urine arrived at the gates of Paris, and did not escape the eye of the inquisitors who collect the revenue tax. The bottle was passed to the liquor experts. At the glance of an eye they judged the liquid to be taxable.

First Tax Collector: "What does this contain?"

Second Tax Collector: "Cognac brandy, sure."

Third Tax Collector: "No, jackasses; if it were brandy or rum it would not have a rag around the cork."

Thence a controversy arose and the tester in chief was called in. He declared that officially the bottle must be opened in all cases of doubt; it might be cautiously tested. His orders were duly executed. A small test glass, the size of a sherry wine one, was brought out and filled to the brim.

"Ah!" said the tester, "hum! hum! This is not bad." He emptied the glass and passed it to No. 2, who refilled it again, swallowed it, smacked his tongue and said: "It's sugar." The third expert tested the liquid and emitted the same opinion. Then the inspector-in-chief grew impatient. He called for a very large goblet and filled it full to the very brim and swallowed the liquid in one long gulp. He rested a moment in order to find what sensation the golden liquid would leave behind.

"Ah," said he directly, "you are all imbeciles. Do you not see this is sweet cider? Do you not see that the bottle comes from Normandy, from Elbeuf, the great cider country? It is soft cider because it has just been made. Under the law this cider is taxable. Yet it is necessary to be just, and as we have taken about a pint of it in testing by tasting, instead of ten centimes we will only impose a tax of eight centimes. In this world we must all be equitable in our official capacity."

It was thus that the bottle arrived at our *confrère* Borlerin with taxes of eight centimes.

That the doctor was surprised goes without saying, by reason of the tax, because it was the first time he had ever known urine to be taxed by the municipality of Paris.

"But, Doctor," said the collector, "it is soft cider, you know."

"The d—l it is!" cried the physician; "no, it is the urine from a lady patient of mine up in Normandy."

"Ah," Doctor," said the collector, "we all tasted it," even our inspector-in-chief, who drank a goblet. This explains why that bottle is not full. Officially, doctor, it is cider—most excellent soft Normandy cider; *this year's cider, too.*" Then the collector departed.

Borlerin analyzed the cider of the Norman's wife, and it contained *thirty-two grammes of sugar. Et nunc erudimini!*

"Hereafter," said our *confrère*, "when I send to Normandy in order to see that patient I shall telegraph the husband: '*Bring down your cider barrel.*'" Thus I shall avoid paying any more such taxes to the municipality of Paris. But were these tax collectors to know this they might try to tap that barrel."

The Value of Blood Examination in Gynecology.

Giess (*American Journal of Obstetrics*, August, 1899) lays stress on the value of the blood count in certain gynecological cases. A leucocytosis of ten thousand per cm. or more in a woman with pelvic pain, after all acute symptoms have subsided, points strongly toward suppuration of some of the pelvic organs, provided, however, that diseased conditions of the blood and other organs have been eliminated.—*Modern Medicine.*

THE New York State Pathological Institute has taken up the study of the question of the influence of certain musical tones and strains upon the nervous system, particularly in the case of the insane.—*Med. Age.*

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